

Student's Name	Date of Birth
Address	
Parent's Name	Cell Phone
Email	Preferred Contact Method
	Phone Text Email
CL	ASS INFO
EmiArteFlamenco Academy (EAF Non-Profit Corporation to help of minds, bodies, and hearts throu	FA), was established as a New Mexico children of all ages develop their gh the art of Flamenco. For our adults dence, strength, and artistic skills that adition of Flamenco.

Youth Advanced (K3)

Child Intermediate (K2)

Adult



DEMOGRAPHICS

Please note these demographics are collected as part of our compliance with New Mexico best policy as a non-profit organization, as well as for grants and funding purposes.

Race Gender Preferred Pronouns Sexual (
Preferred Pronouns Sexual (
Preferred Pronouns Sexual (
	Orientation
Dlease check the circle that hest describes w	our household
Please check the circle that best describes y	our household
Please check the circle that best describes y	our household
	our household \$50,000-\$75,000 per year



	EMERGENCY CONTACTS	
Name		
Phone Number	Alt. Phone	
Name		
Phone Number	Alt. Phone	



RELEASE

I realize that participation in dance classes and activities could involve some possible personal injury. Despite precautions, accidents and injuries may occur. By signing this release form, I assume all risks related to the use of any and all spaces used by EmiArteFlamenco Academy.

I agree to release and hold harmless EmiArteFlamenco Academy including its teachers, dancers, staff members, and facilities used by both entities from any cause of action, claims, or demands now and in the future.

I will not hold EmiArteFlamenco Academy liable for any personal injury or any personal property damage, which may occur on the premises before, during or after classes. Furthermore, I agree to obey the class and facility rules and take full responsibility for my behavior in addition to any damage I may cause to the facilities utilized by EmiArteFlamenco Academy.

In the event that I should observe any unsafe conduct or conditions before, during or after my/our classes, I agree to report the unsafe conduct or conditions to the Owner, Studio Manager or Staff member as soon as possible.

Name (print)	
Signature	
Date	



POLICY

We consider your health and safety a priority. At EAFA, we want all our staff, students, parents, and other members of our community to be able to come to our studio and know that they are in a safe and caring environment. In light of this, we ask that everyone who comes to our studio practice safe health habits.

We ask that if you or your child have any health issues that could affect your ability to participate, of if special needs should be accommodated, that you please let us know beforehand.

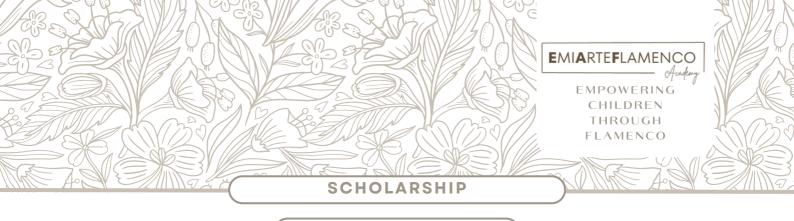
We ask that if you or your child is sick to please refrain from coming to the studio for class so as not to spread your illness to others.

Also, in accordance with the CDC guidelines, if you or your child are experiencing any symptoms of the COVID virus or have come in contact with anyone that has tested positive for COVID in the last 10 days that you contact a staff member right away and please do not come into the studio for class.

We ask that all students be prepared and bring their own water bottles to class and avoid bringing in any food items at this time. Please be mindful of other classes and students and be prompt to class as well as being sure to clear the studio for the next students.



BILLING Date of Birth Student's Name Responsible Party Phone **Payment Policy** It is important that the payments are made as marked below, so as not to interfere with the learning progression of the student. Students will not be allowed to attend class if payments are not made at appropriate times. EAFA will not provide credits or refunds for misses classes. Please Select a Payment Option below **Option 1:** Payment made in Full at beginning of semester. **Option 2:** Monthly payment. Option 3: 10 card pass (Adults only.) Must be used within 45 days of purchase Please Select a Payment Method below Check Cash Paypal As the responsible party, I fully understand and agree to the above policy of EAFA Signature



DONATION

Donating to EAFA Scholarships

We have also added the option to round up your tuition payment to contribute to our scholarship program, if you feel inclined.

Any donation is greatly appreciated, as it helps us in our efforts to grow the Academy and support more children/families in need.

Option 1: Donation of \$5 to help a child dance

Option 2: Donation of \$10 to help a child dance

Option 3: Donation of \$20 to help a child dance

Option 4: Donation of \$50 to help a child dance

Option 5: Donation of \$ to help a child dance



RELEASE

Please be advised that you / your child may be photographed or videoed at various dance sponsored events and performances. these images generally are used for marketing and may be used on EmiArteFlamenco website, as well as on social media.

	ebsite, as well as on social media.
	Yes, I give permission for me/my child to be photographed and/or videoed to be used on the website and social media.
	No, I do not consent to photos/videos of myself/my child being used on the website or social media.
Student's First and Last	name (printed)
Signature	

Date