



REGISTRATION PACKET

V.I.B.E. MUSIC CENTER
418 N KELLOGG ST Suite E-G
KENNEWICK, WA 99336
509-572-2555

WWW.VIBEMUSICCENTER.COM

REGISTRATION FORM

DOB: _____

Student's Name: _____ Age: _____ Gender: Male Female

Address: _____ City: _____ St: _____ Zip: _____

Mother's Name: _____ Cell Phone: _____ Home Phone: _____

Address: _____ City: _____ St: _____ Zip: _____

Email: _____

Father's Name: _____ Cell Phone: _____ Home Phone: _____

Address: _____ City: _____ St: _____ Zip: _____

Email: _____

CLASS(s) REGISTERING FOR

EMERGENCY INFORMATION

In the event of an emergency please contact:

1). Name: _____ Relationship: _____ Phone: _____

2). Name: _____ Relationship: _____ Phone: _____

3). Name: _____ Relationship: _____ Phone: _____

MEDICAL HISTORY

List any medical conditions: _____

Allergies: _____ Medications: _____

Activity/Physical Limitations: _____

Physician Name: _____ Phone: _____

Health Care Provider: _____ Policy Number: _____ Phone: _____

Continued on next page

PICK UP AUTHORIZATION

As the legal guardian of this student, you are authorizing the following people to pick up your child each day from the V.I.B.E. Music Center.

1). Name: _____ Relationship: _____ Phone: _____

2). Name: _____ Relationship: _____ Phone: _____

CONSENT AND ACCEPTANCE SIGNATURES

I have read the music guidelines and policies, I understand them and will abide by them as indicated by my signatures below.

ITEM #1 MUSIC CENTER POLICIES (PAGES 4 TO 5)

Parent/Guardian: _____
Print Name Signature Date

Student: _____
Print Name Signature Date

ITEM #2 HOLD HARMLESS FORM (PAGE 6)

Parent/Guardian: _____
Print Name Signature Date

ITEM #3 AUTHORIZATION FOR CONSENT TO TREATMENT (PAGE 6)

Parent/Guardian: _____
Print Name Signature Date

PAYMENT INFORMATION

We accept Cash, Check, Visa, and Master Card. Tuition is due no later than the 10th of each month. Please speak with our programs director if there are any issues with payments or to set up late payment arrangements.

AS PART OF OUR ADVERTISEMENT FOR OUR WEBSITE WE TAKE VIDEO AND PHOTOGRAPHY OF OUR CLASSES! PLEASE SIGN BELOW STATING YOU ARE AWARE AND CONSENT. FOR FURTHER INFORMATION PLEASE CONTACT THE OFFICE. NAME _____ DATE _____

MUSIC CENTER POLICIES

WELCOME! WE ARE VERY HAPPY TO HAVE YOU HERE. SO THAT WE MAY ALL ENJOY OURSELVES AND HAVE FUN LEARNING AND DEVELOPING MUSIC KNOWLEDGE, WE HAVE ESTABLISHED A FEW GUIDELINES SO THAT YOU WILL HAVE AN UNDERSTANDING OF WHAT IS EXPECTED OF YOU IN AND AROUND THE BUILDING AND DURING CLASS.

- 1) STUDENTS MUST BE DROPPED OFF ON TIME AND PICKED UP ON TIME.
- 2) NO RUNNING, SKATEBOARDS, ROLLERBLADES, SCOOTERS OR BIKES. IF YOU NEED TO RIDE ANY OF THESE TO VMC, WE ARE NOT RESPONSIBLE FOR STORING SUCH POSSESSIONS.
- 3) PLEASE REMAIN WITHIN THE DESIGNATED AREAS, THERE IS ANOTHER BUSINESS UPSTAIRS.
- 4) ALL CELL PHONES ARE TO BE SILENT-VIBRATE AND UNSEEN DURING CLASSES, IN THE EVENT OF AN EMERGENCY A STUDENT CAN BE REACHED BY CALLING THE MAIN OFFICE: (509)572-2555 STUDENTS WILL ONLY BE PERMITTED TO USE THE PHONE IN CASE OF AN EMERGENCY.
- 5) STUDENTS MUST STAY IN THEIR DESIGNATED CLASS SPACE AT ALL TIMES. IF THEY NEED TO BE EXCUSED FOR ANY REASON, THEY WILL CHECK WITH AN INSTRUCTOR FIRST. IF YOU NEED TO CHECK OUT YOUR STUDENT FROM CLASS EARLY PLEASE CHECK THEM OUT THROUGH THE OFFICE (see #8).
- 6) ALL STUDENTS ARE RESPONSIBLE FOR DISPOSING OF THEIR TRASH AND HELPING TO KEEP THE CENTER CLEAN AND ORGANIZED.
- 7) NO GUM CHEWING IS PERMITTED. NO FOOD OR DRINKS ARE ALLOWED IN THE CLASSROOMS WITHOUT PERMISSION. WATER IS PERMITTED.
- 8) ALL STUDENTS BEING DROPPED OFF LATE MUST CHECK IN AT THE FRONT OFFICE BEFORE GOING TO CLASS. PARENTS WHO WOULD LIKE TO PICK THEIR CHILD UP EARLY MUST CHECK IN AT THE FRONT OFFICE, AN INSTRUCTOR WILL THEN GET YOUR CHILD FROM CLASS FOR YOU.
- 9) KEEP HANDS, FEET AND OBJECTS TO YOURSELF.
- 10) 14) PROFANITY AND NAME CALLING, AND/OR BULLYING IS NOT PERMITTED AND WILL NOT BE TOLERATED.
- 11) 15) PLEASE PUT ALL MATERIALS AWAY BEFORE LEAVING CLASS, CLEAN UP YOUR AREA AND BE SURE TO TAKE YOUR BELONGINGS WITH YOU. WE DO HAVE A LOST AND FOUND – WE RECOMMEND PARENTS CHECK THAT WEEKLY TO ENSURE YOUR CHILD HAS ALL THEIR BELONGINGS

12) **DRESS CODE**

WEAR CLOTHING THAT WILL ALLOW YOU TO EFFECTIVLY PARTICIPATE IN ALL CLASSES. APPROPRIATE SHORTS, LOOSE FITTING PANTS, JAZZ SHOES ARE BEST. PLEASE REFRAIN FROM WEARING SKIRTS, DRESSES, (UNLESS PERFORMACE COSTUME) BACKLESS, SPAGHETTI-STRAP OR MIDRIFF REVEALING TOPS. SHORTS MUST BE FINGER TIP LENGTH AND MODEST TANK TOPS ARE ALLOWED. STUDENTS WHO ARRIVE OUT OF DRESS CODE WILL BE PROVIDED WITH A MORE ACCEPTABLE OUTFIT. JEANS ARE PERMITTED HOWEVER IT IS RECOMMENDED TO BRING SOMETHING LOOSER TO CHANGE INTO FOR DANCE CLASSES.

17) **WHAT TO BRING**

LABLED WATER BOTTLE
(WE RECOMMEND BRINGING
ONE TO LEAVE IN THEIR CUBBY)
PACKED SNACK/LUNCH
(IF NEEDED)
SCRIPTS AND HANDOUTS
NAME TAG (IF PROVIDED)

Students who violate any of these rules will be given three warnings

- 1) Verbal Warning
- 2) Written Warning (*parent will be contacted*)
- 3) Final Warning (*meeting with parent will be required*)
- 4) Removal from the class participating in.
 - 1)Refund will not be given for current week(s) tuition.

TUITION:

TUITIONS ARE DUE BY THE 10TH OF EACH MONTH! We are flexible and willing to work with parents that come in and set up payment arrangements! We have automatic withdrawal available – It's much easier for you and us!

FEES:

Should you be late on tuition (on the 11th of each month) we charge a \$25 late fee! You can avoid this fee by meeting with Jessica and setting up a late payment arrangement! This fee will be applied to your account and is due by next month's tuition in order for enrollment to remain effective.

With EVERY NSF/returned check/NSF Visa transaction there is a \$40 fee! This will be applied to your account and is due by next month's tuition in order for enrollment to remain effective.

FUNDRAISING:

Each student is required to participate in AT LEAST ONE fundraiser each quarter! We do ask that families on Scholarship participate more! BUT we need involvement from everyone!

HOLD HARMLESS FORM

RESPONSIBILITY:

The V.I.B.E. MUSIC CENTER, a non-profit organization, and any representative are not liable for any injury, damage, loss, accident, delay or other irregularity which may be caused by the defect of any vehicle or the negligence or default of any company or person engaged in carrying out or performing any of the services involved. Additionally, responsibility is not accepted for losses or expenses due to sickness, fire, flood, weather, or other such causes. V.I.B.E. MUSIC CENTER reserves the right to make changes in the published program whenever in its sole judgment conditions warrant, or if they deem it necessary for the comfort, convenience or safety of the program and participants. V.I.B.E. MUSIC CENTER also reserves the right to decline to accept any person as a member of their center, or to require any participant to withdraw from the class or classes at any time when such action is determined by the appropriate staff to be in the best interest of the health, safety and general welfare of the center's population or of the individual participant. Personal effects are the sole responsibility of the owner/student at all times.

Dates, schedules and program details are given in good faith, based on information available and are subject to change and revision. As a condition to acceptance of any application, each participant must agree to sign Item #2 on page 3 of this enrollment packet. By signing, You agree that You have read the program descriptions and recognize and accept any risks thereof. You also understand and hereby agree for and on behalf of yourself, your dependents, heirs, executors, administrators and assigns to abide by the conditions set forth under **RESPONSIBILITY** above, and to release and hold harmless The V.I.B.E. MUSIC CENTER, and any of its agents or representatives, from any and all liability for delays, injuries or death, or for the loss of or damage to student personal property, however occurring, during any portion of or in relation to the Music Center.

AUTHORIZATION FOR CONSENT TO TREATMENT

As a condition for acceptance of any application, each participant must agree to sign **Item #3 on page 3** of this enrollment packet. By signing you authorize V.I.B.E. MUSIC CENTER, as agent for your child, for consent to any x-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment or hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any dentist, physician or surgical licensed hospital, whether diagnosis or treatment is rendered at the office of said physician or dentist or a licensed hospital. It is understood that this authorization is given in advance of any specific diagnosis or hospital care being required, but is given to provide authority and power on the part of the aforesaid agent to give specific consent to any and all such diagnosis, treatment or hospital care which aforesaid physician or dentist in the exercise of his best judgment deem advisable. This authorization shall remain effective until the student is no longer enrolled with the V.I.B.E. MUSIC CENTER and/or your student is dismissed from our program.

SCHOLARSHIP FORM

Scholarship forms must be completed and returned to the main office.

Students on scholarship enjoy all of the same privileges as non-scholarship students, HOWEVER, violations of any center guidelines or failure of the parent to fulfill their scholarship trade agreement may constitute the removal of the students scholarship.

Child's Name: _____ Age: _____ School: _____

Special Talents: Acting Singing Dancing Instrument Artist Other: _____

Parent's Name: _____ Phone: _____

Employment Information

Employer Name: _____ Phone: _____ Annual Income: \$ _____

Scholarship Type: Full Half

Reason for needing a scholarship (be specific): _____

Business Providing Scholarship (note there is another packet to be completed by the business with scholarship):

FUNDRAISER AGREEMENT MUST BE SIGNED AND WENT OVER DURING SCHOLARSHIP APPROVAL MEETING

OFFICE : _____ PARENT: _____ DATE: _____

Office Use:

Scholarship Status: Approved Denied

Scholarship Type: Full Half Other: _____

Scholarship trade agreement: _____

Approved by _____ Parent Signature in agreement: _____