

# BUFFALO DANCE CENTER

## After School Program Application - 2026-2027 School Year

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Emergency Information:

Health Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_

Doctor Phone: \_\_\_\_\_

Parent/Guardian #1:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Number: \_\_\_\_\_

Parent/Guardian #2:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Number: \_\_\_\_\_

Emergency Contacts/ Authorized Pick Up

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Does your child have any allergies or medical concerns?  YES  NO

If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_

Please share any additional information we should know to make your child feel comfortable and safe:

\_\_\_\_\_  
\_\_\_\_\_

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After School Program Hours are dismissal-6pm, There is a \$10 late fee for every 15 minutes after 6pm.

Please select the days your child attend:

Monday     Tuesday     Wednesday     Thursday     Friday

Please indicate your approximate pick up time: \_\_\_\_\_

## Tuition Agreement

1. By enrolling my child in the after school program at Buffalo Dance Center, I understand and agree to pay all applicable tuition, fees, and registration costs according to the program's payment schedule.
2. Tuition is due on the 1st of each month. A \$25 late fee will be applied to accounts not paid on time.
3. Tuition is due regardless of attendance, including absences. Discounts may be applied during scheduled school breaks, as determined by Buffalo Dance Center.
4. Schedule changes must be requested at least two (2) weeks in advance and are subject to availability and staffing ratios.
5. Failure to remain current on tuition payments may result in suspension or removal from the program until the account becomes up to date.

I have read and agree to the tuition and payment policy

## Behavior Agreement

Buffalo Dance Center is committed to providing a safe, respectful, and positive environment for all participants. Participants are expected to follow rules, respect staff and other members, and participate appropriately in activities. Parents/guardians are asked to inform BDC of any behavioral, emotional, social, or developmental concerns that may affect their child's participation in group programming. This information helps our staff better prepare and provide appropriate support. If a child's behavior becomes disruptive, aggressive, unsafe, or repeatedly violates BDC rules or staff direction, parents/guardians will be notified and may be required to pick up their child immediately. Continued behavioral concerns may result in suspension or removal from the program. Buffalo Dance Center reserves the right to determine if our program is an appropriate setting for each child. Failure to disclose known behavioral concerns that significantly impact the safety or functioning of the program may result in dismissal from the program.

I have read and understand the behavior expectations and agree to support these policies

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## School Year Schedule

The after school program will not be available on:

School holidays and vacations

Early dismissal days

Snow Days

The after school program will be available when schools close early/activities are cancelled due to inclement weather.

## Parental Permissions

I authorize Buffalo Dance Center to:

Administer emergency medical care if necessary

Contact a physician or emergency services if parents cannot be reached

Use my child's photograph in publications, marketing materials, social media, and website

## Parent/Guardian Agreement

I have read and agree to follow all policies of the Buffalo Dance Center After School Program

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_