2025-2026

AFTER-SCHOOL DANCE REGISTRATION FORM



Program Hours: 3:15pm-4:15pm Dance Dismissal takes place at the After-Care gate. Please park and get down for pick up. Note: The remainder of August and the entirety of September will be a total of \$150 deducted via FACTS. Beginning in October, the monthly dance fee is \$100 automatically deducted from FACTS Account. DANCER INFORMATION	Please make selection below: Pre-K4- 2nd grade: Monday & Wednesdays 3 rd - 8 th grade: Tuesdays & Thursdays Questions: Mrs. Jeanin/ jvelez@icsmiami.org/ 305.822.6461
STUDENT NAME (1)	GRADE:
STUDENT NAME (2)	GRADE:
ther's Name :	Cell Phone:
rent E-Mail :	Please list the names of individua allowed to pick up:
gency Contact : Telephone :	Full Name:
rgency Contact : Telephone :	Relationship: Full Name:
any allergies	Relationship:

I, undersigned, do waive and release Immaculate Conception Catholic School, The Archdiocese of Miami, Inc. and all their corporate members, employees, officers, directors, affiliates and agents ("Released Parties") from any expenses, costs, claims or liability for any injuries or damages that may be incurred in any way associated with the participation in after school activities at Immaculate Conception Catholic School or in any way related theroto. I understand that these activities involve some risk, and I hereby agree to assume such risk as a condition of the acceptance and participation in these activities. I hereby grant the Released Parties the full authority to take whatever actions they may consider their sole discretion to be warranted under the circumstances concerning the above registered child's health and safety and fully absolve the Released Parties, at their discretion, to place my child, at my own expense and without further consent, in a hospital that is readily available and/or to place him or her in the hands of a local physician for treatment, should the need arise.

I agree to comply with all Released Parties' rules and directives.