

Family LAST Name: _____

Student: _____ Age: ___ Birthday: ___/___/___

Student: _____ Age: ___ Birthday: ___/___/___

Student: _____ Age: ___ Birthday: ___/___/___



Parents Name: _____

Address: _____

Email Address: _____ Home Ph: _____

Cell Ph. (MOM): _____ Cell Ph. (DAD): _____

Student Email: _____ Student Cell: _____

<u>Student</u>	<u>Class</u>	<u>Instructor</u>	<u>Day</u>	<u>Time</u>

Emergency Contact: _____ Phone: _____

Student's Health: _____

Medical info we should know: _____

In Case of an emergency medical situation, I give Cabot Dance Academy and employees the right to seek immediate medical attention for the above named child(ren) and will not hold Cabot Dance Academy or any employee responsible for said action.

Parent Signature: _____ Date: _____

Monthly Tuition (Student #1): _____ Monthly Tuition (Student#2): _____

Registration Fee: _____ Registration Fee: _____

* CABOT DANCE ACADEMY * 232 WILLIE RAY DR * CABOT, AR 72023 *
* 501-605-8900 (STUDIO) * 501-681-4992 (TONYA) * 501-743-1020 (LISA) *

REGISTRATION FEES:

Family fees: \$60 Dancer#1/\$25 Dancer#2/\$15 Dancer#3

<p>Recreational Monthly Tuition Time in studio: 30 Minutes = \$55 45 Minutes = \$60 60 Minutes = \$65* 1 Hour 15 Minutes = \$75</p> <p>*Multi-Class Discount begins at 1 Hour/30 Minutes. Each additional 30 Minutes cost is +\$20</p>	<p><u>Add'l Fees:</u> \$30 Recital Costume Deposit Fee (Per Costume/Per Class) Due November 1st \$60 Recital Fee (Due January 1st) \$40-55 Recital Costume Balances (Per Costume/Per Class) Due March 1st</p>	<p>Competitive Monthly Tuition See Competitive Contract for Tuition Fee Schedule.</p> <p>Admin/Room fee (not included in Tuition fees). \$10/routine</p> <p>Choreo Fees (not included in Tuition fees) See Solo/Duet/Trio Contract</p>
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