



Registration Form

Student Information

Student's
Name:

Address:

Street Address

Apartment/Unit #

City

State

ZIP Code

Email:

Student Age:

Date of
Birth:

Grade:

School:

Parent Information

Mother's
Name:

Phone Number:

Father's
Name:

Phone Number:

Credit
Card:

Card Number

Expiration

CVC

Zip Code

Disclaimer and Signature

I give Evolution Dance Company permission to use photographic images and videos of _____ in studio advertisements and promotions. I allow said student to participate in activities at Evolution Dance Company. I release Evolution Dance Company from any and all liability that may result from participation in or attendance of any Evolution Dance Company activity. I understand that my credit card information will only be used if I fail to pay tuition (or any other past due fees) before the 5th of each month. If I have not paid said fees by the 5th, I allow Evolution Dance Company to charge my card for any past due fees plus a \$25 late fee.

Parent
Signature:

Date:

Discount: MC F NA

Student's Name: _____

Class: _____ Siblings: _____

Other Classes: _____

Fee	Amount Paid	Date Paid	Payment Method		Fee	Amount Paid	Date Paid	Payment Method
Registration					February			
September					March			
October					April			
November					May			
December								
January					Recital			
Costume 1					Costume 3			
Costume 2					Costume 4			

Student's Monthly Tuition: _____ Sibling Classes: _____

TOTAL FAMILY TUITION: _____