



New Student Registration Form

Student Name: _____

Season: _____

Registration Date: _____

Student Information

Student's Name: _____ Date of Birth (MM/DD/YYYY): _____

Preferred Name: _____

Parent Name(s): _____

Mailing Address: _____

Primary Phone: _____ Phone (2): _____

Name of Person responsible for fees: _____

Primary Email Address: _____

Primary Billing Phone # _____

Medical

Allergies: _____

Will your child require any special medical attention during a normal class: (yes/no) _____

If yes – Explain: _____

Legal Release and Policy Acceptance (please initial)

___ I/we understand the Studio Policies

___ I/we understand my billing obligations

___ I/we understand the risks related to dance

___ I/we understand my responsibilities for my property

___ I/we understand the dress code

___ I/we understand the schedule

___ I/we give media use rights permission

___ I/we understand the attendance policy

Signature / Responsible Party

Date

Office use only

[] – Recorded [] Paid in full [] On hold Processed by: _____ Special Notes: _____



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Monthly Tuition

☐ I have reviewed the attached class schedule and associated costs which include but are not limited to tuition, registration fee, costume fees, and recital fee.

☐ I will pay my tuition via the Parent Portal or the front desk on the 1st business day of the month. I understand that if my bill is not paid by the 5th day of each month, a late fee of \$15 will be added to my account.

OR

☐ I would like my tuition payments to be auto drafted monthly on the 1st day of each month. (*Please see automatic payment agreement below*)

Automatic Payment Agreement

Name on Card: _____

Billing Address (if different than student address): _____

City: _____ State: _____ Zip Code: _____

Credit/Debit Card #: _____ Expiration: _____ CVV Code: _____

*I hereby authorize Starz Dance Connection, LLC (SDC) to charge my credit/debit card \$ _____ on the **1st day of each month** beginning _____ (date).*

*This information will remain on file until I complete a class withdrawal form and give my **30-day notice** of withdrawal from Starz Dance Connection, LLC.*

All charges will appear as Starz Dance Connection, LLC and I will give the office one month written notice from the first of the month to discontinue these charges. I understand that any outstanding balance on my account will also be charged to this account upon withdrawal.

I understand that any additional charges and private lessons must be registered for and paid for via the Parent Portal or the front desk, unless I specify, in writing, otherwise.

Cardholder Signature _____ Date: _____