



Reflections Dance Center

Student Registration Form

Student's Name (First & Last): _____ Date of Birth (if under 18): _____

Mailing Address: _____

City/Town: _____ State: _____ Zip: _____

Home Telephone #: _____

Mother's Name: _____ Mother Cell #: _____

Father's Name: _____ Father Cell #: _____

Name of Responsible Party: _____

If address and phone numbers are different from above please include: Telephone #: _____

Street: _____ City: _____ State: _____ Zip: _____

Email address of primary contact: _____

Emergency Contact: _____

Please advise us of any medical conditions that may affect the student's participation:

Agreement for Participation

- I understand that dance classes may include, without limitation, dancing with props, stretching, barre work, across the floor combinations, dance routines in the center, and other related activities. I further understand that all of the activities of the dance class involve some degree of risk of strain or bodily injury. **Reflections Dance center** is not responsible for personal property.
- I understand that tuition is due and payable the first week of class each month, and if it is not received by the 7th of each month a **\$15** late fee will be added. There will be no refunds, reductions or adjustments in monthly tuition for absence. If you withdraw your child you must notify us two weeks prior to the last class your child will attend otherwise you will be billed for the spot held for your dancer. Tuition will remain the same whether there are 3 weeks or 5 weeks in a month. you are responsible for the tuition for the entire session. No months may be skipped in a session.
- Credit cards will add a **\$2.00** transaction fee. There is a **\$30** return check fee.
- I have received the student handbook and agree to adhere to all the content stated therein including: * studio policies *dress code *code of conduct (Also Available online).
- I agree that if I register my child for more than one class she/he may be in two different shows come recital time.
- I agree to be responsible for reading studio correspondence and respecting deadlines, if applicable.
- I hereby acknowledge that I have read the statements above and agree to participate accordingly.

Date: _____ Signature: _____

Please list the class(es) you wish to enroll in.

Style & Level	Age Group	Day/Time/Teacher	Tuition Due
1.			\$
2.			\$
3.			\$

SUB-TOTAL: \$ _____

Registration Fee: \$ 15.00 / 25.00

See other side for siblings

TOTAL: \$ _____

Balance Due: \$ _____

