

Green Bay School of Dance

129 S. Washington Street, Green Bay, WI 54301 (920)433-9510

Fall 2019 thru Spring 2020 Registration Form

Dancer's Name _____ **Date of Birth** _____

(only one name per registration form)

Address _____ City _____, WI Zip _____

Home Phone() _____ Work Phone() _____

Cell Phone() _____ Parent's E-Mail _____

Parent's Names _____ Dancer's E-Mail _____

Parent's Place of Employment _____ School Grade _____

Please list all Classes that the dancer is enrolling in.

1. Class _____	Day _____	Fee _____	Total Fees _____
2. Class _____	Day _____	Fee _____	Less Any Discount _____
3. Class _____	Day _____	Fee _____	Subtotal _____
4. Class _____	Day _____	Fee _____	Registration Fee <u>\$25</u>
5. Class _____	Day _____	Fee _____	Total Fall/Spring Session Fees
6. Class _____	Day _____	Fee _____	\$ _____

Choose one of the three payment options and enter the correct fee in this column. ↓

Credit Cards Add 4% _____

Total \$ _____

PAYMENT OPTIONS	Amount	Due Dates	<i>Office Use Only</i>		
1. Full Session Fees	\$ _____	September 2, 2019	<i>Amount</i>	<i>Ck #</i>	<i>Date In</i>
		1/9 Due 9/4/19			
2. Two Equal Payments		2/9 Due 9/30/19			
Payment 1 Due September 3 rd , 2019	\$ _____	3/9 Due 10/28/19			
Payment 2 Due January 2 nd , 2020	\$ _____	4/9 Due 11/25/19			
3. Nine Equal Monthly Payments of: \$ _____ Due on the last Monday of each month from Sept. – April. If you are making two payments or monthly payments, please initial here, which indicates that you clearly understand that the session runs from September 3 rd – May 16 th and agree that all payments will be made on time. Initials _____		5/9 Due 12/30/19			
		6/9 Due 1/27/20			
		7/9 Due 2/24/20			
		8/9 Due 3/30/20			
		9/9 Due 4/27/20			

I hereby authorize the GBSD to bill my credit card on the due date(s) for the payment amount listed above.

MasterCard , Visa, AE or Discover

Card # _____ Exp. Date _____

V-Code on Back of Card _____ Signature _____

Dancers may choose from any of the three payment options listed on this form. All payments are due on the dates listed. Under no circumstances will refunds be issued for class fees paid or payable. **Registration is for the entire session which runs from September 3rd through May 16th.** A \$25 late fee will be applied to any fee payments made after the aforementioned dates. A 1.5% monthly finance charge will be added to all accounts that are past due. *If any fees are still due 60 days after the final payment date, the account will be turned over for collection. The dancer/parent agrees to pay all court costs, attorney fees, and collection fees involved with the collection of the account.*

I, the undersigned, have carefully read this form and agree to read the Green Bay School of Dance (GBSD) annual brochure and agree to all policies and procedures stated therein. I also understand and agree that attendance is the dancer's responsibility and that if for any reason the dancer fails to attend classes or drops out of the program at any time, the payments will never be less than the amount paid. I understand that all rights to photographic images and video images of my child (or myself) that are taken during classes, rehearsals and/or performances shall remain the exclusive property of the GBSD and that any such images from classes, rehearsals and/or performances may be used by GBSD for promotional, marketing, and educational purposes. I am aware that participation in dance is a physical activity that involves risk and possible injury. My child (or I) has (have) no mental, physical, or emotional problems that would interfere with participation in this dance program. I hereby release the GBSD and the Northeastern Wisconsin Dance Organization (NEWDO) from all liability for personal injury, illness or property damage occurring on or off premise used, leased, rented or owned by GBSD, whether or not caused by negligence of GBSD, NEWDO, its agents or employees. **Signature and Date Required.**

Parent or Adult Dancer Signature _____ **Date** _____