

# Barbara Miller Dance Center

## 2024-2025 Dance Registration Form

### Student Information

Name:		Age:	DOB:
Mother's Name:		Father's Name:	
Address:		City:	Zip:
Home Phone:	Work Phone:	Cell Phone:	
E-mail Address:	Alternative Contact:	Emergency Phone:	

Are there any medical conditions/allergies to which we should be alerted?  Yes (Please Specify below)  No

By signing below, I hereby waive and release BMDC and it's agents from all acts or omissions resulting in any physical injuries,,medical treatment, or other damages to myself or any minors of whom I am a parent or legal guardian, resulting in participation in the BMDC. I further waive BMDC and it's agents from any damages sustained by the aforementioned or any guests of aforementioned as a result or any condition, act, omission or accident on or at 17 Cambridge Street. Burlington, MA or any other premises upon which any activity related to BMDC takes place.

\_\_\_\_\_  
Signature of Parent/or Legal Guardian

\_\_\_\_\_  
Date

Class Description	Fee:	Day:	Time:
Class Description	Fee:	Day:	Time:
<b>Payment Information 0 check payment method</b>			
<b>Annual Registration Fee \$31.50 NON- REFUNDABLE/ \$41.50 TWO OR MORE NON-REFUNDABLE</b>			\$
<input type="checkbox"/> Monthly Self-Pay due on 1 <sup>st</sup> (\$15 late fee after the 10 <sup>th</sup> ) strictly enforced <b>No Refund</b>	<b>End of year Recital Costume \$90 per costume (NON REFUNDABLE) due with December tuition</b>		\$
10% sibling discount /10% discount off second class <b>(No Refund)</b>	<b>3/5 month Plan( 5%Discount) (no refund)</b>	<input type="checkbox"/> 10 MTH Payment Plan (12% Discount) <b>(no refund)</b>	\$
<b>FOR OFFICE USE-Form of Pmt.: <input type="checkbox"/> Credit Card <input type="checkbox"/> Check #</b>			<b>D Cash</b>
			<b>\$ TOT.</b>



### CREDIT CARD INFORMATION (REQUIRED)\* Automatically withdrawn on the 1<sup>st</sup>

Card Holder Name:	Card Type:
Credit Card #:	Expiration Date:/ CVV Code
Billing Address & Zip Code (if different from Client):	

I fully understand the BMDC tuition payment policies of which I am in receipt. In the event that my account is past due, I authorize BMDC to charge the credit card indicated above to collect payment for unpaid tuition and all other unpaid items charged by me and/or student(s) on my personal account that are outstanding on the 10th of each month. I understand the charges applied to my credit card will include a **\$15.00 late fee as specified in the payment policies.**

I am aware that check payments with insufficient funds will result in a \$35 returned check fee to cover bank penalty charges plus any additional fees.

BMDC requires a **"30-Day Written Drop Notice"** which is strictly enforced. This notice must be received before the first of the month PRIOR to the month dropping. Failure to give notice will result in full payment for one month of tuition and a dropout fee of \$50 **(on monthly self pays only.)** I have read and agree to comply with this requirement.

**X**

\_\_\_\_\_  
Signature of Parent/or Legal Guardian

\_\_\_\_\_  
Date

Please initial one of the lines: \_\_\_\_\_ I give permission to BMDC to photograph my child and to use the photo around the facility and as a promotional tool.

\_\_\_\_\_ I do not give BMDC permission to photograph my child and to use the photo around the facility and as a promotional tool.