



Registration Form

Student's Name: _____ Parent's Name: _____

Home Address: _____

Telephone Number: _____ Cell Phone: _____ E-mail: _____

Age: _____ Grade: _____ Birthdate: _____

Autopay Credit/Debit Card: _____ Expiration _____ CVV _____

At the time of submitting registration, I understand that I will be required to have a credit/debit card on file to be used for tuition payments. If I wish to opt-out of autopay or use an alternate form of payment for monthly tuition installments (cash or check), this payment will be submitted prior to the auto-billing cycle every month. If alternative payment is not received by the 15th, I understand my credit/debit card will be charged at the credit card rate for monthly tuition installment on the 16th of every month. There will be NO refunds due to alternative forms of payments being received past the 15th of the month. If a credit card is declined an email will get sent, instructing to update credit/debit card information with us. If this is not completed and payment is not received by the 20th of the month, a \$25 late fee per dancer will be charged. If by the 1st of the following month, there remains an outstanding balance on the account, I understand that my child will be asked to watch class until balance is brought current.

Dance Classes Registering for:

____ Tap/Ballet Combo ____ Tap/Jazz Combo ____ Ballet/Jazz Combo ____ Tap/Ballet/Jazz Combo

____ Tap Only (45 min class) ____ Jazz Only (45 min class) ____ Special Ballet (45 min class)

____ Pointe (45 min class) ____ Lyrical ____ Contemporary ____ Tumbling

____ Hip Hop ____ Clogging ____ Irish Step ____ Leaps & Turns ____ Voice

____ Ballet Technique *(Please select one): ____ Recital Choreography ____ Comp Choreography

____ Comp Tap ____ Comp Jazz ____ Comp Lyrical ____ Comp Contemporary ____ Comp Irish

____ Comp Hip Hop ____ Comp Clogging ____ Comp Musical Theater ____ Comp Production

____ Solo #1 (Subject _____) ____ Solo #2 (Subject _____) ____ Solo #3 (Subject _____)

____ Duet (Subject _____) ____ Trio (Subject _____)

Days & Times not available to attend class (Mon thru Sat): _____

**We do our best to accommodate, but this is not always possible*

Earliest Time available to attend class during the week (starting at 330p): _____

New Students Only: Where did you hear about us? _____

Previous Dance Experience: (# of years) _____ (Where) _____

.....
I have received my studio brochure for the 2019-2020 dance year. I fully understand and accept responsibility for all of its contents, including absolutely NO Refunds on lessons, costumes, or fundraisers.

Parent's Signature