



The Dance School
STUDENT REGISTRATION

Student Name: _____

Date of Birth: _____ Gender: Female Male

Previous Dance Experience: _____

How did you hear about The Dance School? _____

Parent 1: _____

Address: _____

City, State, Zip: _____ Email: _____

Home Phone: _____ Cell: _____

Parent 2: _____

Address: _____

City, State, Zip: _____ Email: _____

Home Phone: _____ Cell: _____

Please register for the following class(es):

| Class | Day/Time |
|-------|----------|
| | |
| | |
| | |
| | |

Tuition & Payment information:

To hold a spot in a class, a \$25 registration fee must be paid at the time of registration (\$10 for additional children from the same family). **Prior to the first class, a tuition payment must be paid.** You can choose to make one payment, or split it into two payments. **All tuition and fees are non-refundable**, except for medical necessity substantiated by a physician's order or if a class is cancelled for low enrollment.

Tuition payment plan selected: _____ Single payment _____ Two Payments

Form of payment: _____ Cash _____ Check _____ Visa/Mastercard

Card# _____ Exp. _____

| | | |
|------------------|-------------------------|-----------------|
| Amount enclosed: | Registration Fee | \$ _____ |
| | Tuition payment | \$ _____ |
| | Tax-deductible donation | \$ _____ |
| | Total | \$ _____ |

I understand that, upon registration, a space is held for my student in a class and that I am obligated to pay, in full, the tuition for that class, whether my student attends all class sessions or not. Exceptions include only a documented medical condition that precludes participation. I have received a copy of the School Policies and agree to abide by them.

Signed: _____ Date: _____