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: _____
Home Phone: _____ Cell: _____
Email: _____

Parent 2: _____
Address: _____
City, State, Zip: _____
Home Phone: _____ Cell: _____
Email: _____

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/American Express

Card# _____ Exp. _____

Amount enclosed: Registration Fee $_____

Tuition payment $_____

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 or not.

Signed: _____ Date: _____

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