

# THE DANCE CENTER STUDENT REGISTRATION FORM

Every student - new, former, or returning - must complete this Registration Form in full before taking classes at The Dance Center.

Dancer's Name(s) \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian Full Name \_\_\_\_\_ Emergency Name and #: \_\_\_\_\_

**ALL DANCE CENTER COMMUNICATION IS DONE VIA E-MAIL. PLEASE PROVIDE ONLY ONE EMAIL TO WHICH YOU WOULD LIKE ALL DANCE CENTER CORRESPONDENCE SENT.**

Parent/Guardian e-mail address \_\_\_\_\_

Confirm Parent/Guardian e-mail address \_\_\_\_\_

## **ENROLLING FOR THE FOLLOWING CLASSES:**

<u>Name of Class</u>	<u>Day, Time</u>	<u>Length of Class</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If more space is needed, please use the back of this Registration Form and indicate here \_\_\_\_\_

## **PAYMENT SUMMARY:**

Total Hours per Week per Family = \_\_\_\_\_ = Total Monthly Tuition Installment\*\* \$ \_\_\_\_\_  
~OR~  
Full Year Tuition Payment with 5% discount\*\*\* \$ \_\_\_\_\_  
Plus Family Registration Fee \$ 25.00

Payment Methods – Please circle one: TOTAL ENCLOSED \$ \_\_\_\_\_

Check made payable to "The Dance Center" ~ Cash ~ Credit Card presented each month ~ Monthly Automatic Withdraw

**Credit Card Payment - (Circle) DEBIT VISA MC DISCOVER** Name on Card: \_\_\_\_\_

**Account Number:** \_\_\_\_\_ **3-digit code on back:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Signature of Cardholder:** \_\_\_\_\_

**Automatic monthly withdraw from credit card** – Signature of Cardholder: \_\_\_\_\_

Automatic withdraw from credit card will be done on the first Monday of each month. If you wish to discontinue this service, formal notification in writing must be sent via email (thedancecenterbcpa@gmail.com) no later than the 25<sup>th</sup> of the prior month. Please be aware that credit card information you give us for this purpose will be kept on file until the end of June 2012 when it will then be shredded. It is your responsibility to provide updated information regarding changes to your credit card.

**\*\*This is the first of 9 equal installments that are due the first week of each month from September to May regardless of a 3, 4, or 5 week month. NO REFUNDS OR TRANSFERS FOR ANY REASON. If payment is not received by the 10<sup>th</sup> of the month, a \$5 late fee will be applied to your account monthly until the balance is paid in full. \*\*\*5% discount for full year tuition payment if paid by September 1. NO REFUNDS OR TRANSFERS FOR ANY REASON.**

**SIGNATURE REQUIRED:** As a Parent/guardian of the enrolling student(s), I am aware of and will comply with the policies of The Dance Center that were provided to you in the information packet, and also explained on our website. I completely understand that Tuition and Registration Fees are non-refundable and non-transferable to other family members.

Signature of Student or Parent/Guardian (if applicant is under 18 years of age) \_\_\_\_\_ Date \_\_\_\_\_