

If applicable, any emergency on site treatment needed

Pediatrician's Name

Pediatrician's Phone Number

How did you hear about Dance Art?

Do you know someone that would like to receive a Dance Art Schedule?

Class Enrollment

Name Day Time

Name Day Time

Name Day Time

Name Day Time

Name Day Time

Name Day Time

I understand that that I, or my minor child will be evaluated by Dance Art instructors and placed in the class appropriate for my age and abilities. Some movement from class to class may occur, however, parents will support the instructor's decision.

I understand that tuition, costume deposits, and recital fees are non-refundable and no credit is issued for classes missed due to illness, schedule conflicts or departure early from class. It has been made clear to me that there is an opportunity to make up any missed classes. If make-ups cannot be utilized, no credit or refunds will be issued.

I understand that Dance Art Dance Studio season runs through mid-June 2018 and that if for any reason I plan on withdrawing from classes at Dance Art Dance Studio. I need to give written notice 30 days prior to withdrawal date or I will be responsible for any payments outstanding within that 30-day period.

I understand that tuition is due the first lesson of each month.

I give my permission to use my, or my minor child's, photographed image in advertising, brochures, articles in the newspaper, and on Dance Art's website.

I have read and understand the Dance Art Dance Studio Parent 2017-2018 Information Brochure.

Print Name Clearly

Signature (Parent or Guardian if student under 18)

Date

For Office Use Only:

Assigned Acct. Number

Reg. Fee

Aug. Tuition

Dance Art Dance Studio
Automatic Monthly Payment Form

I am: A new automatic payment applicant
 A current automatic payment user reporting a change in my credit card,
bank, or account number (please note this change requires 30 days for processing.)

Student's Name: _____
Parent Guardian Name: _____
Mailing Address: _____
City _____ State _____ Zip _____
Parent/Guardian Daytime Phone Number: _____
Email Address: _____

Credit card/debit card payments:

Payment date: 15th of the month

Type of Credit Card (please circle): Visa, Master Card, Discover, American Express

Card Number _____
Expiration Date

Name on Card _____
Security Code

Tuition and Fees: (Please select)

Monthly Tuition

_____ Tuition: 15th of every month (Starting _____ and the Last Payment May 15th)

Quarterly Tuition

_____ Tuition: 15th of October, January, April

Additional Fees to be charged:

\$10 Oct. 15th	\$40 Nov. 15th	Dec. 15th	\$_____ January 15th	\$90 Feb. 15th
January Show	per Costume Fee	Per 50% of Costume	Costume Balance	June Recital Fee
Fee	Deposit	Balance	Due	Balance

A \$20 fee will be charged for insufficient funds. *All tuition and fees are non-refundable.*

I hereby authorize Reis-D.A.D.S., LLC dba Dance Art Dance Studio, as applicable to initiate debits/credit card charges (and/or corrections to previous debits/charges) from my account with the financial institution identified by on this form for payment of dance class tuition, costumes, and fees.

I authorize that financial institution to reduce/charge the balance of my account by the amount of those debits/charges (and/or corrections to previous debits/charges) on the agreed upon schedule. This authorization will remain in effect until I provide notice revoking the authorization by Reis/D.A.D.S., LLC dba Dance Art Dance Studio **(636) 938-4047 at least 10 days before my account is to be debited/charged.**

Authorized Signatures:

Signature _____
Date

Print Name _____
Relationship

*You will continue to be charged the amount owed for dance tuition, fees, and costumes until you choose to cancel your automatic payment schedule. If you choose to cancel your automatic payment, or if changes are made to the account being charged, please contact Reis/D.A.D.S., LLC dba Dance Art Dance Studio **(636) 938-4047 at least 10 days before my account is to be debited/charged.**