



CLASS REGISTRATION

CLASS REGISTRATION INFO. Please fill in all information below.

Personal Information

Parent Name _____ Home Phone _____ Cell Phone _____

Address _____ City, State _____ Zip _____

Email (required to receive your studio newsletter and ALL IMPORTANT CLASS UPDATES) _____

Additional Contact Email _____ Contact Name _____

Student Information

1. _____
Last Name First Name Date of Birth

2. _____
Last Name First Name Date of Birth

3. _____
Last Name First Name Date of Birth

Student 1 _____

Student 2 _____

Student 3 _____

Day Class Time Teacher

Day Class Time Teacher

Day Class Time Teacher

Day Class Time Teacher

Day Class Time Teacher

Day Class Time Teacher

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Day Class Time Teacher

Day Class Time Teacher

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CLASS FEES

Student #1 _____

Student #2 _____

Student #3 _____

Total Hours _____ Tuition \$ _____
 Less Discount _____ \$ _____
 Budget billing for fees: \$ _____

Total Hours _____ Tuition \$ _____
 Less Discount _____ \$ _____
 Budget billing for fees: \$ _____

Total Hours _____ Tuition \$ _____
 Less Discount _____ \$ _____
 Budget billing for fees: \$ _____

Method of Payment – Annual

If paid in full by September 15, 2019, a 5% discount will be applicable on tuition only.

Method of Payment - Quarterly

Credit Card – Fill out below
 Exp. Date _____ SEC Code _____
 Credit Card # _____

Billing Address _____
 Billing Zip Code _____

I hereby authorize Dance Art Studios to charge my account for tuition and fees on the 15th of October, January, April Beginning ____ and ending _____. *3.5% Credit card processing fee with be added.*

All charges will appear as REIS/D.A.D.S. LLC. I will give the studio office one month's written notice from the 15th of the month to discontinue these charges.

Signature _____

Date _____

Celebrating **40** Years
 of Inspiring Kids
 to Reach for the Stars!

Method of Payment - Monthly

Credit Card – Fill out below
 Exp. Date _____ SEC Code _____
 Credit Card # _____

Billing Address _____
 Billing Zip Code _____

I hereby authorize Dance Art Studios to charge my account for tuition and fees on the 15th of each month beginning _____ and ending _____. *3.5% Credit card processing fee with be added.*

All charges will appear as REIS/D.A.D.S. LLC. I will give the studio office one month's written notice from the 15th of the month to discontinue these charges.

Signature _____

Date _____

PARENTAL RELEASE

Please read carefully and sign below.

- I have read and agree to abide by Dance Art's policies regarding tuition, late fees, costumes, attendance, and dance attire.
- I understand that Dance Art Studios reserves the right to refuse instruction to anyone not abiding by Dance Art Studio policies.
- I understand that Dance Art Studios reserves the right to cancel a class if enrollment falls below five students per class.
- I understand that Dance Art Studios is not responsible for lost items, stolen items, or unclaimed merchandise.
- I understand that participation in a dance program involves risk and possible injury, I understand that Dance Art Studios and its staff will not be held responsible for injuries sustained in class, while performing, or traveling to or from its facilities. I authorize Dance Art Studios to secure any emergency medical treatment my child might need. Preferred medical Facility:

• Please list any medical concerns of which we should be made aware: _____

- I allow Dance Art Studios to use my child's name or photographic likeness in all forms and media for advertising, trade or any other lawful purpose.

Signature (Parent or Guardian if student under 18)

Date _____