



# STUDENT REGISTRATION FORM

Students Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

### PHONE CONTACTS:

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Other: \_\_\_\_\_

### PARENTS NAME & MAILING ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Medical Information: \_\_\_\_\_  
*(Allergies/Dr. Name/Hospital)*

Classes Registering For: \_\_\_\_\_  
*(Class Name/Day/Time)*

Previous Dance Experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### \*\*\*PARENTS & GUARDIANS PLEASE READ THIS SECTION CAREFULLY\*\*\*

*\*Enrollment: (September - June): Changes in enrollment must be submitted in writing. We will hold you or your child's place in the class until such notice is given. There are no refunds on tuition or for missed dance classes.*

*\* Tuition payments: Are due by the 1st of each month. Any unpaid balances on the account after the 15th of the month will be charged a late fee of \$20.00. For students to continue dance, balances cannot exceed \$150.00. Or two months worth of unpaid tuition. All Billing discrepancies need to be addressed within 30 days from date incurred.*

*\* Costume Charges: Costume charges are in addition to tuition charges. Costume charges will be paid in advance of receiving the costume - A costume deposit of \$10.00 is due with your November tuition for Recital. Costumes are ordered early to insure a good selection, the full cost is your responsibility. Whether the student continues with the class or not. All costumes are non-returnable an non-refundable.*

*In consideration of the opportunity to participate in dance class at Alicia's School of Dance, I individually or, as a Parent/Guardian on behalf of a minor, do hereby waive, release, discharge any and all rights, demands and claims for damages that I may have against Alicia's School of Dance. I attest that I have full knowledge of the risks involved with dance training, and I assume the responsibility for my own medical and emergency expenses in the event of an accident, illness or any other, incapacity.*

**I certify that the above information is correct and that I am the financially responsible party for charges incurred for the above listed student or students.**

\_\_\_\_\_  
*Signature of parent or guardian*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*(Month, Date, Year)*