

Charisma School of Dance Fall - Spring Registration Form

Student Name: _____ Age: _____ Birthdate: _____

E-Mail: _____ Phone: _____

Parent/Guardian Name: _____

Student Health Issues/Concerns: _____

*****Student Schedule*****

Class Description	M Tu W Th F Sa Su (Circle Class Day)	-	Start Time	-	End Time
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*****FOR OFFICE USE ONLY*****

Annual Registration Fee Paid (Y/N) \$ _____
 Facility/Production Fee Paid (Y/N) \$ _____
 Miscellaneous Fee Paid (Y/N) \$ _____

Company Member Agreement Rec'vd (Y/N)

Tuition	Amount	Payment				Date Paid
		Cash	Credit Card	Check #	Check #	
SEP	\$		Credit Card	Check #		
OCT	\$		Credit Card	Check #		
NOV	\$		Credit Card	Check #		
DEC	\$		Credit Card	Check #		
JAN	\$		Credit Card	Check #		
FEB	\$		Credit Card	Check #		
MAR	\$		Credit Card	Check #		
APR	\$		Credit Card	Check #		
MAY	\$		Credit Card	Check #		
JUN	\$		Credit Card	Check #		

Spring Recital Costume Fees:

Class Description	Deposit	Date Paid	Costume Balance	Date Paid
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	

Nutcracker Sweet & Sassy Costume Fees:

Class Description	Deposit	Date Paid	Costume Balance	Date Paid
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	

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