

# Foster Dance Studios Registration Form | Winter/Spring 2019/2020 (Jan 6 - May 31)

Name \_\_\_\_\_ Gender: F  M  Age \_\_\_\_\_ Birth date \_\_\_\_\_  
 Parent(s) \_\_\_\_\_ Cell(s) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Email \_\_\_\_\_ Home Phone \_\_\_\_\_

**Please list all classes in which you would like to enroll. See pricing below**

Class: _____	Day _____	Time _____	Cost \$ _____
Class: _____	Day _____	Time _____	Cost \$ _____
Class: _____	Day _____	Time _____	Cost \$ _____
Class: _____	Day _____	Time _____	Cost \$ _____
Class: _____	Day _____	Time _____	Cost \$ _____
			Fee \$ _____
<b>TOTAL</b>			\$ _____

**20 WEEK SESSION:**

**CLASS ENROLLMENT**

45 Minute Student Class .....	\$ 315
60 Minute Student Class .....	\$ 360
75 - 90 Minute Student Class .....	\$ 385
Pointe .....	\$ 220

**PUNCH CARDS AND DROP-INS**

Student 10-Class Punch Card .....	\$ 190
Drop In Fee for 45 Minute Class .....	\$ 15
Drop In Fee for 60 Minute Class .....	\$ 20
Drop In Fee for College Students and Professionals..	\$ 10
Recital Fee for dancers performing in Recital .....	\$ 15
Annual Registration Fee per Family .....	\$ 25
(payable in Fall Session)	

*tuition refundable for class credit only*

*10% sibling discount*

*See website for payment plan*

*Private lessons available*

I hereby release and forever discharge Foster Dance Corp., an Illinois Corporation, doing business as Foster Dance Studios, its officers, agents, employees, faculty, independent contractors and volunteers from any and all claims, actions, damages or loss which I or my minor child(ren)/ward(s) may incur or which may accrue to me or my child(ren)/ward(s) on account of participation in Foster Dance Studios program(s). I agree to allow Foster Dance Studios to take photographs and videos of my child(ren)'s classes or performances for marketing and/or promotional use (names will be withheld).

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## CLASSES

**Payment Information**

Total Tuition Due \_\_\_\_\_

- I am including a check for the total tuition. Please make checks payable to: FOSTER DANCE STUDIOS
- I would like to pay by credit card:  Master Card  Visa  American Express  Discover
- I would like to request a payment plan (credit card only) for an additional \$15 fee

Credit Card # \_\_\_\_\_ Expires \_\_\_\_\_ Security code \_\_\_\_\_

Name on card \_\_\_\_\_ Signature \_\_\_\_\_

Billing Address if different from above \_\_\_\_\_

**Please scan and email or mail in your registration. Thank you!**



**Foster Dance Studios**  
 915 Foster Street, Evanston, IL 60201  
 847-864-1877  
 Email: info@fosterdance.com  
 Web: fosterdance.com