

Membership Number: \_\_\_\_\_

Registration Date: \_\_\_\_\_

**COLEMAN PERFORMING ARTS**  
APPLICATION FOR DANCE

CHILD LAST NAME                      FIRST NAME                      MIDDLE NAME

GUARDIAN LAST NAME                      FIRST NAME                      MIDDLE NAME

STREET ADDRESS/CITY/STATE/ZIPCODE

MAIN CONTACT PHONE NUMBER

E-MAIL ADDRESS

CHILD'S DATE OF BIRTH                      CHILD'S AGE

EMERGENCY CONTACT:	NAME
PHONE NUMBER:	
RELATIONSHIP:	

Preferred Method of Communication:

<input type="checkbox"/>	E-mail
<input type="checkbox"/>	Text
<input type="checkbox"/>	Phone Call
<input type="checkbox"/>	Social Media

**Don't Forget to add Coleman  
Performing Arts on Facebook.**

**TUITION DETAILS:**

		1 <sup>st</sup> Child	2 <sup>nd</sup> Child
Non-refundable Registration Fee	\$25.00	<i>Per Child</i>	
Combo	<i>per month</i>	\$50.00	\$40.00
Ballet	<i>per month</i>	\$50.00	\$40.00
Jazz	<i>per month</i>	\$50.00	\$40.00
Tap	<i>per month</i>	\$50.00	\$40.00
Additional Class	<i>per month</i>	\$25.00	
Additional Class	<i>per month</i>	\$25.00	
Additional Class	<i>per month</i>	\$25.00	

Total Amount Owed Per Month: \$ \_\_\_\_\_

Total Amount Owed at Registration: \$ \_\_\_\_\_ + (\$25.00/child) + (\$5.00 Service Charge)

- Method of Payment:**
- CASH
  - CHECK *(a \$30.00 fee will be applied to all returned checks)*
  - CREDIT CARD *(an additional \$5.00 may be applied to credit/debit card transactions)*

Before signing this document, I acknowledge I have read, understand, and hereby agree to Coleman Performing Art’s Studio Policies and Procedures. I have been provided a copy of all documents and waivers and have had reasonable time to review and understand those documents. I understand that Tuition is due on the FIRST DAY of each month and is considered late by the 10<sup>th</sup> of the month. A \$10.00 Late fee will be charged after the 10<sup>th</sup>. If payment is not received by the 15<sup>th</sup>, the child will no longer be eligible to attend class and is considered a serious breach of this agreement and COLEMAN PERFORMING ARTS RESERVES THE RIGHT TO IMMEDIATELY TERMINATE THIS AGREEMENT WITHOUT NOTICE AND WITHOUT REFUND. I am aware and agree to pay the following fees mentioned in this agreement.

Signed on this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

X \_\_\_\_\_  
Coleman Performing Arts Representative

X \_\_\_\_\_  
Legal Guardian Signature

COLEMAN PERFORMING ARTS will only release a child to their legal guardian. You may designate an alternate person to pick up your child below:

This person may pick up my child:	NAME
Phone Number:	
Relationship:	