REGISTRATION FORM

(Please attach a $30.00 registration/membership fee per family)

OFFICE USE ONLY
STAFF_____ DATE_____ DW_____

Student Name _____ Age_____ Birth Date_____/_____/_____

Parent 1_____ Cell (_____) _____-_____ Home (_____) _____-_____

Parent 2 _____ Cell (_____) _____-_____ Home (_____) _____-_____

Address _____ City _____ Zip _____

Email _____***It is your responsibility to keep this email up to date with us and to monitor it frequently for important notices, receipts and critical information from The Dance Centre.***

Emergency Contact _____ Relationship _____ Phone (_____) _____-_____

Medical Conditions/Allergies we need to be aware of: _____

CLASS SELECTIONS (Include Day/Time)

Please indicate with your initials that you understand and will abide by each of the following policies:

*The dress code as outlined on **The Dance Centre** website and brochure will be enforced. Students who consistently disregard this policy may be asked to refrain from taking class. _____*

*Parents are expected to be present in our building when class is scheduled to end. **The Dance Centre** is not responsible for supervising students outside their class time. If an emergency arises, parents are to call the studio before class ends. _____*

There are no refunds for missed classes (including snow days). Students may make up the absence in another class designated by their teacher._____

Students who are more than 15 minutes late for class will be asked to observe on that day to protect against injury. _____

*I understand and will abide by the tuition payment policies as outlined in **The Dance Centre** website and brochure. _____*

*I understand there are four dance concerts; each class will perform in one concert (day and time listed on the class schedule). *Concert tickets are only valid for one show; tickets must be purchased for each show* _____*

*I certify that my child is in proper physical condition to take part in all activities. I understand that dance is a physical activity and inherent to any physical activity is the possibility of injury. I hereby release and hold harmless **The Dance Centre.LLC,** their teachers or staff from and against any liability or claim for any loss of property, injury, harm, cost or damage sustained during participation in classes/activities at **The Dance Centre**. In the case of an emergency, I give the staff permission to call 911. _____*

All photos and videos taken at The Dance Centre are property of The Dance Centre and may be used on our website, on our media pages, in company advertisements, waiting room viewing and at community functions._____

PARENT SIGNATURE_____ DATE_____

CHOOSE A PAYMENT OPTION

[ ] FULL YEAR PAYMENT: due by September 30 in order to receive 10% discount (no exceptions) $_____

[ ] check enclosed #_____ [ ]use the credit card below [ ]cash

[ ] QUARTERLY PAYMENT: due September 10th, November 1st, February 1st and April 1st $_____

[ ] check enclosed #_____ [ ]use the credit card below [ ]cash

[ ] MONTHLY PAYMENT: automatically deducted from Visa or MasterCard. $_____

First payment withdrawn Sept. 10th. October-June payments automatically withdrawn on the 1st of each month and is NON-REFUNDABLE.

[ ] VISA [ ] MASTERCARD

/____/____/____/____/____/____/____/____/____/____/____/____/____/____/____/____/____/____/ SEC. CODE_____ EXP_____/_____

By signing this, I am accepting all responsibility for these charges and to ensure full payment to The Dance Centre. I further represent that I am the authorized cardholder and two weeks' notice must be given in writing to the administrative staff at The Dance Centre in order to request termination of automatic payments. **I understand that monthly payments are non-refundable.**

SIGNATURE_____ DATE_____