

DANCE POINTE STUDIO REGISTRATION FORM

Student Name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Address \_\_\_\_\_  
City/Zip Code \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Emergency Contact \_\_\_\_\_

Please list allergies/medical conditions we should be aware of:

\_\_\_\_\_

Please carefully read the following and sign:

I, the undersigned, understand and agree that I shall not hold Dance Pointe Studio, Inc., its staff, and/or volunteers responsible in any way for any injury or accident that might occur before, during and after dance classes or any function of the studio.

I assume all responsibility for any damage my child/children may cause on the Dance Pointe Studio, Inc. premises. The above statement also applies if I, the undersigned, am on the premises of Dance Pointe Studio, Inc.

I have read and understand the policies of Dance Pointe Studio, Inc. (including tuition policy and costume policy). I understand that they must be followed to participate in any of our programs.

Tuition is due the first class of each month. Make up classes are available for classes missed due to illness or bad weather. Holidays are counted into the schedule and are NOT subject to make up classes. If tuition is not paid by the 15th of the month, a 15% late fee will be added. If tuition is not received by the end of the month an additional 15% late fee will be added. Payments are expected regardless of student attendance. Students may not skip months. If you pay the year in full during the first week of classes, no refunds will be given after 3 business days regardless of the circumstances.

\_\_\_\_\_  
(signature of parent/guardian/self)

\_\_\_\_\_  
(date)

**\*\*\*\*OFFICE USE ONLY\*\*\*\***

Class	Day	Time
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TUITION: \_\_\_\_\_

Email address \_\_\_\_\_