



PAYMENT CONTRACT

I understand that I have entered into a payment obligation for the period in which I am enrolled in the dance program at *Bravo! School of Dance*. I understand that my total yearly tuition has been divided into monthly payments that are due by the 1st of the month. If payment is not received by the 5th calendar day of the month, my account will be charged a \$15 Late Fee. If I terminate my enrollment at any time during the dance program, I must sign a Drop Class Form or I will be liable to pay for all classes in which I am enrolled in at that time, even if I have not been attending class.

I understand that May & June tuition are due on May 1st. I may pay June tuition in part or full at any time during the Dance Year prior to May 1st. In doing this, I understand that my payment is non-refundable.

If I choose, I may pay the remaining balance of my total tuition in advance at any time during the dance program. By doing this, I understand that my tuition payment is non-refundable.

If I am unable to continue classes or must take a leave of absence from classes at *Bravo! School of Dance* due to injury, I am responsible to supply a medical note from my physician in order to receive a refund.

SIGNATURE _____ DATE _____
(Parent/Guardian signature for persons under age 18)

STUDENT NAME _____

LIABILITY DISCLAIMER

Bravo! School of Dance and/or its instructors are not liable for personal injuries occurring during class time, rehearsals, dance conventions, competitions or performances on or off the premises. Students and/or parents are individually responsible to inform the instructor or the studio of any physical limitations which may prevent full participation in studio activities. I further understand that *Bravo! School of Dance* and/or its instructors are not liable for loss of or damage to personal property.

I further give *Bravo! School of Dance* and its designated Photographers permission to capture and publish my photograph in printed publications, advertisements or on the *Bravo!* website without compensation or right to ownership.

I understand and agree with *Bravo! School of Dance's* policies.

SIGNATURE _____ DATE _____
(Parent/Guardian signature for persons under age 18)

STUDENT NAME _____



For Office Use:

Date:
Registration Form Rc'd:
\$25 Registration Fee Rc'd:
1st Month's Tuition Rc'd:
Signed Waiver:
Balance Due:

Registration Form

Student Name: _____ Birthdate: _____ Age: _____

Parent/Guardian Name: _____ Daytime Phone: _____ Cell Phone: _____

Parent/Guardian Name: _____ Daytime Phone: _____ Cell Phone: _____

Address: _____ Home Phone: _____

E-Mail Address (for updates, receipts, etc.): _____

Emergency Contact: _____ Relationship: _____ Phone: _____
(other than parent)

Medical Conditions/Allergies: _____

How did you hear about us? _____

Class #1 Day/Time _____

Class #2 Day/Time _____

Class #3 Day/Time _____

Class #4 Day/Time _____

Class #5 Day/Time _____

Class #6 Day/Time _____

Class #7 Day/Time _____

Payment Method (Check One): Cash Check Credit Card (MC or Visa)

Credit Card Number: _____ Expiration Date: _____ Name on Card: _____

Signature: _____

Sign Up For Auto Pay: (Y/N)

By checking the box I authorize Bravo! School of Dance to charge my credit card in the amount of \$ _ _ on the 1st of the month from now until the end of the Dance School Year. I understand that my 1st month's tuition and Registration Fee will be charged at the time of enrollment.