



# Dance Dimensions

## REGISTRATION 2017-18

In order for registration to be processed, we must have a signed copy of this form, registration fee and first tuition payment. If registering before June 30, 2017, you may leave just the registration fee and a non-refundable deposit of \$30/per class .

STUDENT \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ GRADE IN SCHOOL (SEPT. '17) \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE(S) \_\_\_\_\_

EMAIL ADDRESS -print please - \_\_\_\_\_

Please list any medical problems or other pertinent information:

\_\_\_\_\_

If this is your first year at Dance Dimensions please answer the following:

How did you hear about us? \_\_\_\_\_

Any prior dance experience? \_\_\_\_\_

### CLASS SELECTION:

CLASS	DAY	TIME
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Please check your choice of payment options:

\_\_\_\_\_ Please sign me up for automatic billing. I hereby authorize Dance Dimensions to use the credit card which I have provided to pay for all registration fees, tuition fees and other fees required to participate in the activities for which my child/children have registered. I understand that my card will be charged on or after the following dates --- Aug. 31 (balance of first tuition payment for early registrants), Nov.4 (tuition and costumes), and Jan. 20 (final tuition payment).

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card \_\_\_\_\_ Security Code \_\_\_\_\_ Billing Zip code \_\_\_\_\_

\_\_\_\_\_ I will pay all fees on my own either by cash, check or credit card. I am aware that there is a late fee of \$15 for any payment not received by the due date (Aug. 31 for early registrants, Nov. 4 and Jan. 20. I am also aware that recital costumes are not ordered without payment.

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\*\*I have read the policies and procedures in the Dance Dimensions brochure. I understand that after the second lesson there are no refunds issued. I understand that I will continue to be billed for all classes unless I notify the school that my child will not be continuing lessons. I understand that all payments must be completed before costumes/tickets are released. I understand that students are expected to have their own accident and medical insurance. The instructors at Dance Dimensions will follow all safety procedures and be held harmless from liability or claims resulting in participation of this program. I understand that throughout the year photos and videos of my child may be taken and used for publicity purposes. . \*\*

Signature \_\_\_\_\_ Date \_\_\_\_\_