



Dance Dimensions

REGISTRATION 2020-2021

In order for registration to be processed, we must have a signed copy of this form, registration fee and first tuition payment.

STUDENT _____ BIRTHDATE _____ GRADE IN SCHOOL (SEPT. '20) _____

SIBLING(S) _____ BIRTHDATE _____ GRADE IN SCHOOL (SEPT. '20) _____

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 --- Date of registration, Nov.7 (tuition and costumes), and Jan. 16 (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 (Date of registration, Nov. 7 and Jan. 16. I am also aware that recital costumes are not ordered without payment.

**I have read the policies and procedures as well as the Health Release Form on the Dance Dimensions website. 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 if the studio is forced to close down as a result of a State of Emergency or Public Health Emergency pursuant to any order by any Federal, State or Local authority, this agreement shall remain in full force and effect and the classes will be converted from in studio classes to virtual classes by an online platform such as Zoom. If this occurs, no refunds or credits will be given as classes will continue to be offered. 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 _____