

## STUDIO OF DANCE PRE-SCHOOL CURRICULUM 2018-19 Academic Year Registration Form

Please Print

Student Name: _____	Date of Birth:    /    /
Complete Address: _____ _____	Age: _____
_____ Zip: _____	Cell Phone: _____
Parent Name(s): _____	
Parent E-Mail Home: _____	Home Phone: _____
Parent E-Mail Work: _____	Work Phone: _____
Does student have allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency Contact: _____
If yes, please list: _____	_____
<input type="checkbox"/> New Student <input type="checkbox"/> Returning Student	Phone _____

The director has indicated the class level recommended for your child this academic year. We welcome requests to review the curriculum with you, or discuss scheduling options.


**Please check the time that best suits your schedule.**

Pre-School Division	Class Days	Class Time	Class Length	Tuition
<input type="checkbox"/> Creative Dance	Tuesday	4:30 - 5:15	45 Minutes	\$441.00
<input type="checkbox"/> Pre-Ballet	Tuesday	5:15 – 6:15	1 Hour	\$588.00
<input type="checkbox"/> Creative Dance	Sunday	11:30 - 12:15	45 Minutes	\$441.00
<input type="checkbox"/> Pre-Ballet	Sunday	12:15 - 1:15	1 Hour	\$588.00


A minimum of 1/2 the total tuition is due upon registering with final payment being due on or before December 1, 2018

<b>Payment Information:</b>		
Tuition:	\$ _____	*Tuition reflects payment for Twenty-Eight (28) weeks
10% Discount: (if applicable)	\$ - _____	* Payment <b>must</b> be received prior to first class
Registration Fee	\$ 40.00	* Tuition is payable by personal check or cash in the exact amount
Registration Fee Discount For Additional Family member (if applicable)	\$ - _____	* There is a \$ 35.00 charge for each returned check
<b>Total Due:</b>	<b>\$ _____</b>	
Check #:	_____	

**Please make checks payable to:**  
**STUDIO OF DANCE**  
**440 Bloomfield Avenue**  
**Bloomfield, CT 06002-2904**



STUDIO OF DANCE  
DANCE  
Ballet School



*Neither the studio, nor the instructors, their agents, servants and employees shall be liable to the students for personal injury, or loss of, or damage to personal property. The student acknowledges that participation in the Studio of Dance is at his/her own risk Payment Agreement: By signature below, Student/Guardian agrees to 1) payment of above tuition and fees; 2) make up missed classes within the semester only; 3) no transfer or cash refunds. In the case of injury, tuition may be refunded or transferred on a pro-rated basis, only upon receipt of a doctor's confirmation in writing; 4) student is liable for court fees for non-payment of tuition due; and 5) a 10% discount on tuition only for the registration of two or more family members; 6) \$15.00 may be deducted from the registration fee for any additional family member(s).*

**Parent gives permission for use of their child's:**    Name    Image in Photograph    Image in Video

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_