

Studio of Dance 2019-20 Academic Year Registration Form

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|---|----------------------------|
| Student Name: _____ | Date of Birth: / / |
| Complete Address: _____ _____ | Age: _____ |
| _____ Zip _____ | |
| Parent Name(s): _____ | Cellular Phone: _____ |
| Parent Address: _____ (If different from above) | Home Phone: _____ |
| Parent E-Mail Home: _____ -Please Print Clearly. Thank you! | _____ |
| Work E-Mail: _____ | Emergency Contact: |
| Work Phone: _____ | Name: _____ |
| Does Student have Allergies: <input type="checkbox"/> Yes <input type="checkbox"/> No | Phone: _____ |
| If Yes, please list _____ | |
| Referred By: _____ | |

REGISTRATION IS FOR THE FULL ACADEMIC YEAR. The academic year is twenty-eight (28) weeks.
For open program students attending 1 class final payment is due no later than December 1, 2019.

| Class | Day/Time | Tuition | Attending |
|-------------------|----------------------|------------|-----------|
| Ballet C w/Pointe | Tuesday 5:30 - 7:00 | \$1,323.00 | |
| Intermed. Modern | Tuesday 7:00-8:15 | \$1029.00 | |
| Foundation Ballet | Thursday 4:45 – 6:00 | \$735.00 | |
| PBT | Thursday 6:00 - 6:30 | \$294.00 | |
| Ballet D w/pointe | Thursday 6:30-8:00 | \$1,323.00 | |
| Intro to Jazz | Sunday 1:00 - 2:00 | \$588.00 | |
| Ballet A/B | Sunday 2:00-3:30 | \$882.00 | |
| PBT | Sunday 3:30 - 4:00 | \$294.00 | |
| Company Class | Sunday 4:00 – 5:15 | \$1029.00 | |
| Adult Ballet | Sunday 5:15 – 6:30 | TBD | |



Check # _____

| | |
|--|-----------------|
| Tuition due: | \$ _____ |
| 10% Sibling Discount (If applicable) | \$ _____ |
| 10% 3 or More Classes Discount (If applicable) | \$ _____ |
| Registration Fee | +\$40.00 |
| Sibling Registration Fee Discount (-\$15.00) (If applicable) | \$ _____ |
| Total Amount Due: | \$ _____ |

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/WHYB is at his/her own risk. Payment Agreement: By signature below, Student/Guardian agrees to: 1) payment of above tuition and fees; 2) tuition installments will be paid during the first week (7 days) of each month. 3) implementation of a \$15.00 late fee for any tuition installment paid after the 7th of each month. 4) make up missed classes within the semester only; 5) 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 doctor's confirmation in writing; 6) student is liable for court fees for non-payment of tuition due; and 7) a 10% discount on tuition only for the registration of two or more family members and/ or those attending 3 or more classes. 8) \$15.00 may be deducted from the registration fee for additional family member(s).

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

Signature: _____

Date: _____