

# STUDIO OF DANCE PRE-SCHOOL CURRICULUM 2019-20 Academic Year Registration Form

Please Print

Student Name: _____	Date of Birth:    /    /
Complete Address: _____	Age: _____
Zip: _____	Cell Phone: _____
Parent Name(s): _____	
Parent E-Mail Home: Please Print Clearly. Thank you. _____	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: _____	Phone _____
<input type="checkbox"/> New Student <input type="checkbox"/> Returning Student	
Referred By: _____	

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/Pre-Ballet	Tuesday	4:30 – 5:30	1 Hour	\$588.00
<input type="checkbox"/> Pre-Ballet	Sunday	12:00-1:00	1 Hour	\$588.00
<input type="checkbox"/> Creative Dance	Sunday	12:15-1:00	45 Minutes	\$441.00

A minimum of 1/2 the total tuition is due upon registering with final payment being due on or before December 1, 2019

<b>Payment Information:</b>		
Tuition:	\$ _____	*Tuition reflects payment for Twenty-Eight (28) weeks
10% Sibling 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 \$15 (if applicable)	\$ - _____	* There is a \$ 35.00 charge for each returned check
<b>Total Due:</b>	<b>\$ _____</b>	<b>Please make checks payable to:</b> <b>STUDIO OF DANCE</b> <b>440 Bloomfield Avenue</b> <b>Bloomfield, CT 06002-2904</b>
Check #:	_____	



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