

Studio of Dance 2020-21 Academic Year Registration Form
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Student Name: _____

Date of Birth: / /

Complete Address: _____

Zip: _____

Age: _____

Parent Name(s): _____

Parent Address: _____

Cellular Phone: _____

(If different from above)

Parent E-Mail Home: _____

Home Phone: _____

-Please Print Clearly. Thank you!

Work E-Mail: _____

Emergency Contact:
Name: _____

Work Phone: _____

Phone: _____

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, 2020.

Class	Day/Time	Tuition	Attending
Creative Dance/Pre-Ballet	Tuesday 4:25-5:25		<input type="checkbox"/>
Ballet C/D	Tuesday 5:30-7:00		<input type="checkbox"/>
Ballet C Pointe	Tuesday 7:00-7:30		<input type="checkbox"/>
Jazz	Tuesday 7:30-8:30		<input type="checkbox"/>
Company Class Bi-Monthly	Wednesday 7:00-8:30		<input type="checkbox"/>
Ballet A/B	Thursday 4:25-5:40		<input type="checkbox"/>
Flexibility	Thursday 5:40-6:05		<input type="checkbox"/>
PBT	Thursday 6:05-6:35		<input type="checkbox"/>
Ballet C/D	Thursday 6:35-8:05		<input type="checkbox"/>
Ballet C/D w/ Pointe	Thursday 8:05-8:35		<input type="checkbox"/>
Pre-Ballet	Sunday 12:00-1:05		<input type="checkbox"/>
Creative Movement/Dance	Sunday 12:20-1:05		<input type="checkbox"/>
Foundation Ballet	Sunday 1:10-2:35		<input type="checkbox"/>
PBT	Sunday 2:35-3:05		<input type="checkbox"/>
Ballet B/C	Sunday 3:05-4:35		<input type="checkbox"/>
Pointe	Sunday 4:35-5:05		<input type="checkbox"/>
Adult Ballet Ten (10) week session	Sunday 5:10-6:10		<input type="checkbox"/>
WHYB Repertory Spring	Sunday 6:10-7:10		<input type="checkbox"/>



Check # _____

Tuition due: \$ _____
 (If applicable) 10% Sibling Discount \$ _____
 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: _____