

PLEASE PRINT CLEARLY

NUMBER \_\_\_\_\_

# DANCERS WORKSHOP REGISTRATION

STUDENT: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

AGE IN SEPT: YRS <sup>Last</sup> \_\_\_\_\_ MO \_\_\_\_\_ GRADE IN SEPT <sup>First</sup> \_\_\_\_\_ HOME TEL# \_\_\_\_\_

FULL ADDRESS \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ MOTHER'S CELL # \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ FATHER'S CELL # \_\_\_\_\_

EMERGENCY CONTACT (If different from above): NAME & PHONE: \_\_\_\_\_

ALLERGIES OR SPECIAL CONCERNS: \_\_\_\_\_

MAY WE RELEASE YOUR PHONE NUMBER FOR CARPOOL? YES \_\_\_ NO \_\_\_

WAIVER: **HAVE YOU COMPLETED AND SIGNED THE ATTACHED WAIVER FORM?** \_\_\_ Yes \_\_\_ No

**IN ORDER FOR THIS REGISTRATION TO BE ACCEPTED, WE MUST HAVE THE FOLLOWING INFORMATION.**

Registration Fee:

\_\_\_\_\_ \$25.00 registration fee: check # \_\_\_\_\_ or cash.

Tuition:

\_\_\_\_\_ Check # \_\_\_\_\_ for July 1<sup>st</sup> tuition or cash.

\_\_\_\_\_ Charge my card July 1<sup>st</sup> for payment #1 SIGN \_\_\_\_\_

\_\_\_\_\_ Charge my card November 30<sup>th</sup> for payment #2 - SIGN \_\_\_\_\_

\_\_\_\_\_ Charge my card for the full year's tuition now - SIGN \_\_\_\_\_

CREDIT CARD AUTHORIZATION

Type of Card: Master Card \_\_\_\_\_ Visa \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Three digit auth. code # \_\_\_\_\_ (Back of card)

Name (yours/?) on Credit Card: \_\_\_\_\_

**\*\*\* If credit card authorization is not given, then first semester tuition is due with registration.\*\*\***

| CLASS DESCRIPTION | DAY   | TIME  | HOURS PER CLASS | SEMESTER FEES |
|-------------------|-------|-------|-----------------|---------------|
| _____             | _____ | _____ | _____           | _____         |
| _____             | _____ | _____ | _____           | _____         |
| _____             | _____ | _____ | _____           | _____         |
| _____             | _____ | _____ | _____           | _____         |
| _____             | _____ | _____ | _____           | _____         |
| _____             | _____ | _____ | _____           | _____         |

TOTAL CLASS HOURS \_\_\_\_\_

ANNUAL \_\_\_\_\_

OR PAYMENT #1 \_\_\_\_\_

REGISTRATION FEE PER CHILD \_\_\_\_\_ 25.00

TOTAL DUE \$ \_\_\_\_\_

**NO TUITION REFUNDS.**

OFFICE USE: DATE REGISTRATION FORM RECEIVED \_\_\_\_\_

| PAYMENT | DATE | CHECK # | AMOUNT |
|---------|------|---------|--------|
|---------|------|---------|--------|