

PLEASE PRINT CLEARLY

NUMBER _____

DANCERS WORKSHOP REGISTRATION

STUDENT: _____ DATE OF BIRTH: ____/____/____

AGE IN SEPT: YRS _____ MO _____ GRADE IN SEPT _____ HOME TEL# _____

FULL ADDRESS _____

EMAIL ADDRESS: _____

FATHERS NAME: _____ FATHERS CELL # _____

MOTHERS NAME: _____ MOTHERS CELL # _____

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

ALLERGIES OR SPECIAL CONCERNS: _____

MAY WE RELEASE YOUR PHONE NUMBER FOR CARPOOL? YES _____ NO _____

ARE YOU A NEW STUDENT TO DANCERS WORKSHOP? 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.

If payment is not received by check within 10 days after the due dates (July 1st and November 30th) your card will be charged the amount due Dancers Workshop at that time. Otherwise, 1st semester tuition is due with registration.

CREDIT CARD AUTHORIZATION FORM

Type of Card: Master Card _____ Visa _____ Expiration Date: _____

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

Name (yours/?) on Credit Card: _____

Please check:

- _____ **Charge my card now for the \$20.00 registration fee – SIGN** _____
- _____ **Charge my card July 1st for payment #1 - SIGN** _____
- _____ **Charge my card November 30th for payment #2 - SIGN** _____
- _____ **Charge my card for the full year's tuition now - SIGN** _____

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

TOTAL CLASS HOURS _____

ANNUAL _____

OR PAYMENT #1 _____

REGISTRATION FEE PER CHILD \$20.00

TOTAL DUE \$ _____

NO TUITION REFUNDS.

OFFICE USE: DATE REGISTRATION FORM RECEIVED _____

PAYMENT	DATE	CHECK #	AMOUNT
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