Dance Depot

2011/2012 Registration Form

Student No: _____

Class Day & Time: _____

Student's Name: _____ D.O.B._____
Last First M.I.

Street Address: _____ City/State/Zip: _____

Parent/Guardian's Name _____
Last First M.I.

Phone Number: _____(c) _____ (h) _____(w)
(CELL) (HOME) (WORK)

Email Address: _____

Emergency Contact Information (other than parent/guardian):

Name: _____

Phone Number:_____(h) _____ (c) _____(w)

Tuition Payment & Class Information

Total Registration Fee: _____ ($45.00 1st student -- $10.00 each add'l family member)
Monthly Tuition Fee (total): _____ Due by 5th of each month

Paid At Time of Registration: _____ One half of the first month's tuition is required at registration.

Balance Due: _____ **(1st day of class)**

How Did You Hear About Us?

Pennysaver : ☐ Parentline : ☐ Referred by friend: ☐ _____ Returning Student: ☐
Web Site: ☐ Web Search: ☐ Yellow Pages: ☐ Other: _____

Tuition is based on the hours of class time, not days in a month. The dance year begins September 6, 2011 and ends June 23, 2012. Monthly tuition is due in full for September 2011 through June 2012. **Tuition is due no later than the 5th of each month.** If class falls after the 5th of the month, payment should be made on the first day of class. ***After the 5th, tuition will be deemed late and a 10% late charge on the total due will be added to the account.*** If tuition is not paid by the 15th of each month, the Dance Depot reserves the right to dismiss the student from class until payment can be made. There are no reductions made for absenteeism. Classes missed due to illness can be made up by attending another class. Classes missed due to unforeseen studio closings and inclement weather may be made up if space and time allow. No reductions in tuition will be made for missed classes that cannot be made up due to inclement weather or other studio closings. For further information, please see "Studio Policies" in the Dance Depot Pamphlet. The Dance Depot recommends that each student enrolled in the program consult with their physician with respect to any past or present illness or injury that may affect his/her participation in the exercises, dances or acrobatic programs.

I, the undersigned, acknowledge that I have read the above paragraph and that I understand and have discussed with my physician the exercise, dances and/or acrobatic program and physical and/or emotional illnesses or injuries my child or I have. I agree to be responsible for any and all costs, damages and expenses incurred by me or my child as a result of any injury sustained from participating in the program.

PRINT NAME: _____ Date:_____

SIGNATURE: _____
(To be signed by parent or guardian if student is under 18 years of age)