

ONE FORM PER STUDENT ONLY

Students Name: _____

Students Date of Birth: _____ Age (as of 12/30/18): _____

Primary Parent/Guardian Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: (Cell) _____ (Home) _____

E-mail address: (notices are sent via e-mail. We do not share e-mail addresses) _____

Emergency Contact (other than parents): Name: _____

Relationship: _____ Phone #: _____

List Any Medical Conditions: _____

Registration fees / per family: \$40.00 *for new returning students*

Please note there is a \$4.00 credit card fee. \$55.00 *for returning students if received / postmarked after June 1, 2018*

CLASS(es)	DAY	TIME
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

We are interested in paying for the year in full. A billing statement will be sent.

*****Please turn over, more information on the backside*****

OFFICE USE ONLY

Account #: _____

Quickbooks: _____

Tuition: _____

Total Family Tuition: _____

Excel: _____

Class List: _____

of Costumes: _____ Adult _____ Child

Coupon mailing: _____

Costume fee: _____ 1/2 Family costume 1/2 _____ (_____) whole

Number of consecutive years as of May 2019 with Dance Dimensions (must be consecutive for awards) _____

Enrolled sibling/family member name: _____

Parent/Guardian address (if different from what is listed on the front side of this form):

Name: _____ E-mail address _____

Address: _____

City: _____ State: _____ Zip code: _____

Billing Address (if different from what is listed on the front side of this form):

Name: _____ E-mail address _____

Address: _____

City: _____ State: _____ Zip code: _____

Previous Dance Training (if new): _____

If a new student how did you hear about us?

Newspaper

Phone Book

Referral

Other _____

(Please specify)

RELEASE OF LIABILITY AND PLEDGE

I, _____ the parent or guardian of _____, a student of Dance Dimensions:

- do hereby release from all liability Dance Dimensions and its staff for all injuries sustained during the course of dance or dance-related study on the physical premises of Dance Dimensions, Brookfield, CT.
- I understand everything written in the 2018-2019 information packet.
- I understand monthly tuition/costume fees are due on the first of each month.
- I understand a \$20.00 late fee will be charged for any account received after the tenth of each month in which it is due. If this past due amount is not received by the first of the next month an additional \$20.00 will be charged, etc (see the office for more details).
- I understand there will be a \$35.00 charge for returned checks.
- I understand that registration fees and last month tuition are non-refundable. I also understand all class make-up policies..
- I will notify the office on, or before November 1^{5th} if the student is not able to participate in the recital, so a costume will not be ordered. I understand that if the student leaves a particular class or the studio after this date, I will remain responsible for payment of the costume(s), and any tuition up to that date of notification. I also understand here are no refunds or returns on costumes. Students will receive costumes in May, provided all fees, up to and including that month's tuition are paid.
- I understand that if the student drops class(es) on, or after January 1st, I will be responsible for the payments due until season end.
- I understand the student will not be allowed to participate in the recital if the account is not paid in full prior to the recital.
- I also give permission for the above student to be photographed for publicity or advertising use.

Parent/Guardian Signature

Date