

Academy of Dance Use Only Date \_\_\_\_\_ Registration Number \_\_\_\_\_

To Register: 1) Complete this form, 2) Sign the form, and 3) Enclose \$35.00 Non-refundable registration fee. (This Fee is separate from Tuition).

Your Registration Number will determine the order in which Showcase tickets will be sold.

How did you hear about the Academy of dance? Friend [ ] Yellow Pages [ ] Other [ ]

Student's Personal Data [ ] New Student [ ] Returning Student

Please print clearly

Name	Date of Birth
Address	Age as of September 1, 2025
City/Zip	School Grade (When Term Begins)
Parent/Guardian	Home Telephone
Address	Cell Phone
	Email Address

CLASSES YOU ARE REGISTERING FOR: Please fill in the form completely with class information.

Students under the age of 16 must take a ballet class. Number of Years Completed at Academy of Dance \_\_\_\_\_

*\*\*Academy of dance reserves the right to cancel a class that drops below the minimum number of students required.*

Name of Subject	Level	Day	Amount By Year

#### Payment Plan

Credit Card, or Check will be accepted.

[ ] Student's total tuition for the year will be paid in four equal installments. The first due August 15th, the second due November 1<sup>st</sup>, the third due January 1st, and the fourth due March 1st. (withdraw prior to completion of the entire year, will be subject to a \$100.00 withdrawal fee)

[ ] Automated withdrawal from Credit Card. Quarterly payments only. Please provide information below.

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_ CV \_\_\_\_\_ Zip Code \_\_\_\_\_

[Tuition payments must be kept current for the student to participate in class.]

#### General Information

Is there any history we should be aware of? [ ] Yes [ ] No

If yes, please explain: \_\_\_\_\_

Please list previous training: \_\_\_\_\_

*I agree to pay the entire tuition for the class(es) I have registered for. I understand that refunds may be made only for prolonged illness or severe injury, verified by a physician's certificate. I also agree to hold Academy of Dance, Inc. and its faculty and employees harmless for any injuries I may sustain as a result of my participation in Academy of Dance Ilc, classes or activities.*

Signature (Parent's or Guardian's if Student is under 18) \_\_\_\_\_