



CLASS REGISTRATION 2018/2019

I. Student Information:

Name (Last) _____ (First) _____ (Middle) _____

D.O.B. _____ Age _____ Grade _____ Gender _____

Nationality/Ethnicity (optional) _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Cell _____ Email _____

Emergency Contact (Name) _____ (Number) _____

Current Injuries? _____

Past Injuries? _____

List here any other concerns of which the instructors should be aware (confidential):

Briefly describe any past dance or music training or educational experience: _____

How did you hear about us?

- Person _____
- Facebook
- Website
- Radio or Television
- Other _____

For office use only:

Sept. Oct. Nov. Dec. Jan. Feb. Mar. Apr. May June



(Complete Section II. Only if student is under 18)

II. Parent/Guardian Information

Name (Last) _____ (First) _____ (Middle) _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Cell _____ Email _____

III. Preferred Classes/ Monthly Tuition

	1 st Class	2 nd Class	3 rd Class	4 th Class
LEVEL (Beginning, Advanced, etc)				
STYLE (ballet, jazz, etc)				
Class Tuition	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL \$	\$ _____			

Annual Registration Fee **\$30** (individual)
\$45 (family)

Discounts/Notes _____

Total Amount Due \$ _____

IV. Student/Parent Agreement

I (or my child) intend to participate in the classes listed above at Dance Dimensions. I am aware that tuition for these classes are due by the 5th of each month. There is a **\$10** late fee for tuition received after the 5th, **\$20** late fee after the 15th. I am also aware that there is a **\$25 returned check** fee. In the case that I discontinue classes, I assume the responsibility for the tuition of the month that I attended class for any part thereof.

Signature _____ Date _____
(Must be 18 or older)

V. Liability Release Waiver (attached form)

For office use only:									
Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June