

Children's Dance Classes

Student Registration Form

Date: ____/____/____



Student Name: _____ D.O.B ____/____/____ Sex ____ Class _____

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Student Name: _____ D.O.B ____/____/____ Sex ____ Class _____

Student Name: _____ D.O.B ____/____/____ Sex ____ Class _____

Parent/Contact Adult Name: _____

Address: _____ Zip Code _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

# of Quarters	Dates	Recital Date	\$/month	\$/quarter
First Quarter (15 weeks)	09/08/08 – 12/15/08	12/20/08	\$50	\$180
Second Quarter (11 weeks)	01/05/09 – 03/16/09	n/a	\$50	\$132
Third Quarter (10 Weeks)	03/23/09 – 05/25/09	05/30/09	\$50	\$120
One Year (36 weeks)			-----	\$396

Tuition Total: _____

Registration Fee: _____ **\$30**

Grand Total: _____

All children classes' length is 45 minutes, once (1) a week.

Payment and Liability Release Agreement

I understand that enrollment fees are non-refundable. I have three business days from the moment of enrollment to evaluate the service provided and request a refund of any unused portion of the enrollment fees. A \$25 cancellation fee will apply. Payment is due in full a week before the beginning of classes. A \$10 late fee will apply to payments made less than a week. If payment is late more than one week, student privileges will be suspended until paid in full. A \$20 fee will apply on all returned checks.

I understand that in the art and sport of dancing, performing arts, ballet, aerobics, and all other activities the Columbus DanceCentre has to offer injuries can occur. I agree to release the Columbus DanceCentre, its employees, owners, affiliates, agents, officers, and directors from all liability in an unlikely event of injury, death, and damage by user's participation in the sport/activities of dance.

I _____ voluntarily agree to assume all risks of injury and have read and understand the rules/regulations, terms and conditions in the liability waiver of the Columbus DanceCentre.

Date ____/____/20____ Signed _____ (parent/guardian)

Mail with payment to: Columbus DanceCentre, 1000 B Morrison Rd, Gahanna OH 43230 Tel: (614) 759-0502 Fax: (614) 892-3267

Credit Card Number _____ Exp. ____/____ V# _____ Cardholder's Name _____

Billing Address _____ Zip code _____ Phone _____

I authorize charging my credit card for the above (grand total) amount. Signature _____

STUDIO USE ONLY	Payment \$ _____	Method of Payment _____	Collector _____
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