



Dance Dimensions

REGISTRATION 2010-2011

In order for registration to be processed, we must have a signed copy of this form, registration fee and first tuition payment (or non-refundable deposit of \$30/per class if registering before June 30, 2010).

STUDENT _____ BIRTHDATE _____ GRADE IN SCHOOL (SEPT. '10) _____

PARENT'S NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE(S) _____

EMAIL ADDRESS _____

Please list any medical problems or other pertinent information:

If this is your first year at Dance Dimensions please answer the following:

How did you hear about us? _____

Any prior dance experience? _____

CLASS SELECTION:

CLASS	DAY	TIME
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please check your choice of payment options:

_____ Please sign me up for automatic billing. I hereby authorize Dance Dimensions to use the credit card which I have provided to pay for all registration fees, tuition fees and other fees required to participate in the activities for which my child/children have registered. I understand that my card will be charged on or after the following dates --- Aug. 31 (balance of first tuition payment for early registrants), Nov. 6 (tuition and costumes), and Jan. 22 (final tuition payment).

Credit Card # _____ Exp. Date _____

Name on Card _____ Security Code _____ Billing Zip code _____

_____ I will pay all fees on my own either by cash, check or credit card. I am aware that there is a late fee of \$15 for any payment not received by the due date (Aug. 31 for early registrants, Nov. 6 and Jan. 22). I am also aware that recital costumes are not ordered without payment.

**I have read the policies and procedures in the Dance Dimensions brochure. I understand that after the third lesson there are no refunds issued. I understand that I will continue to be billed for all classes unless I notify the school that my child will not be continuing lessons. I understand that all payments must be completed before costumes/tickets are released. I understand that students are expected to have their own accident and medical insurance. The instructors at Dance Dimensions will follow all safety procedures and be held harmless from liability or claims resulting in participation of this program. I understand that throughout the year photos and videos of my child may be taken and used for publicity purposes. Never will my child's full name appear without written permission from the parent or guardian. **

Signature _____ Date _____