



Centre Stage Dance Studio
Student Registration Form 2017-2018

*-Indicates mandatory field

*Student's Name (First & Last): _____ *Date of Birth : _____

*Email (used for the majority of communication): _____

Alternate Email: _____

*Mailing Address: _____

*City: _____ *State: _____ *Zip: _____

Home Telephone #: _____

*Mother's Name: _____ *Mother Cell #: _____

*Father's Name: _____ *Father Cell #: _____

*Emergency Contact (not parent) _____ *Phone _____

Please advise us of any medical conditions that may affect the student's participation:

LIABILITY WAIVER

We, the staff at Centrestage Performing Dance Studio, recognize our obligation to make sure our students and their parents are aware of the risks and hazards involved in the sport of dance. By signing this waiver, you release Centrestage Performing Dance Studio and all its employees from all claims on account of any injury which may be sustained by your child while attending any dance class, even associated with Centrestage Performing Dance Studio or outside performances. In signing this waiver, you also acknowledge your responsibility in paying monthly tuition, any associated costumes entry fees for performances and competition and all other communicated costs involved. You also affirm you now have, and will continue to carry, proper primary medical, health, and hospitalization and accident insurance, which you consider adequate for the protection of both your child and Centrestage Performing Dance Studio.

PARENT'S SIGNATURE _____ DATE _____

Please list the class(es) you wish to enroll in.

Class Name	Age Group	Day/Time/Teacher	Tuition Due
1.			\$
2.			\$
3.			\$

Registration Fee: \$35/Student
\$50/Family

Total Paid: _____

IJR LW CC

FOR OFFICE USE ONLY:

*****PLEASE SEE REVERSE SIDE*****



PAYMENT FORM

(please initial next to each statement, acknowledging you read, understand and agree to the terms)

_____ **Tuition:** All accounts will be auto billed on the 1st of each month. Monthly Tuition remains the same regardless of the number of lessons taught within a month due to Holidays or absences. Drop In Classes are \$25/hour.

_____ **Late Fees:** A late fee of \$35 will be charged if payment is not made by the 5th of the month in addition to the account accruing interest at an annual percentage rate of 18% for payments received after the 5th of the month. A \$35 return check fee will be added onto all insufficient fund checks.

_____ **Drop Classes:** Your card will continue to be billed, unless we have received a "Drop" form or written notification of dropping the child from class 30 days in advance.

_____ **Make-Ups:** Tuition is not pro-rated, refunded or credited for missed classes or holidays. Any student who misses a class may make-up classes in other non-performance classes that are comparable for their age/skill level.

_____ **Split Payments:** If parents are splitting payment for their dancer(s), written or spoken consent must be given from both parents as to whom is paying what portion of the charges. Any changes that will affect payment must be approved by both parties, who must each inform the front desk of such changes.

_____ **Past Dues:** If your tuition is past due 15 days, your dancer will not be allowed to enter classes, rehearsals, performances, or any studio function until the past due amount is paid in full.

_____ **Class Changes:** Centrestage reserves the right to combine classes, change times, provide substitute teachers or replacement teachers, and cancel or combine any class with 6 or less students. These decisions will be made by the director.

_____ **Photo Release:** By initialing here, I give permission for photographs of my child in dance class or performances to be used in promotional material for Centrestage in both print and web publications.

Credit Card Authorization:

A 3% processing fee will apply

I authorize Centrestage Dance Studio to debit my card for monthly tuition and all fees due.

Name on card _____ Signature: _____

Card Number _____ Exp. _____ CCV code: _____

Billing Zip Code: _____

ACH Authorization:

Please attach a voided check

I authorize Centrestage Dance Studio to debit my account for monthly tuition and all fees due.

Bank Name: _____ Name on Account: _____

Routing #: _____ Account #: _____

Checking or Savings Account: _____

Signature: _____