



Centre Stage Dance Studio

Student Registration Form 2026-2027

***-Indicates mandatory field**

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

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

Alternate/Additional Email: _____

*Mailing Address: _____

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

Grade Level in School: _____ How Did You Hear About Us?: _____

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

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

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 or illness 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 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 or \$50/family

Monthly tuition fees (based on number of 45-minute classes per week): 1/\$89, 2/\$139, 3/\$189, 4/\$229, 5/\$269, 6/\$309, 7/\$349

FOR OFFICE USE ONLY:

____ IJR _____ LW _____ CC _____ Billing _____ ePay _____

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



POLICIES AND 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/class.
- _____ **Late Fees/Returned Checks:** A late fee of \$50 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 \$50 returned check fee will be added onto all insufficient fund or returned checks. If a check/ACH payment is returned three times, a credit card must be put on file for all subsequent charges.
- _____ **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. Any make-up classes on record will be forfeited upon dropping the class.
- _____ **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 within 30 days of the missed class within the same dance season. Dancers enrolled in performing classes who choose not to perform may make up classes canceled due to rehearsals or performances in other non-performance classes. Make-Ups are not applicable to competitive team dancers.
- _____ **Split Payments:** If parents are splitting payment for their dancer(s), written or verbal consent must be given by both parents confirming who is paying what portion of the charges. Split payment accounts will not be discussed with opposite parents.
- _____ **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 at the discretion of the Studio Director.
- _____ **Medication Permission:** I give permission for the staff at the studio to administer **ibuprofen (Advil/Motrin or generic equivalent)** to my child if they are experiencing minor pain, headache, fever, or inflammation during studio hours. By initialing, I release and hold harmless the studio, its owners, and staff from liability related to the administration of this over-the-counter medication. **Dosage:** _____ **# of 200mg tablets** _____ **Parent Initials**
- _____ **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: _____