



DANCE EXPLOSION STUDENT REGISTRATION FORM

Participant Information:

Account # _____
Student Name: _____
Street Address _____
City _____ State _____ Zip _____
Home Phone _____ Date of Birth ____/____/____ Age _____

Parents' Information:

E-MAIL ADDRESS

Mother's Name _____ home phone _____ Cell _____
Employer _____ work phone _____
Father's Name _____ home phone _____ Cell _____
Employer _____ work phone _____

Student resides with: _____ Both parents _____ Mother _____ Father
(check one) _____ other (please specify) _____

In case of emergency, if parents cannot be reached, contact:

1. Name _____ home phone _____ Cell _____
Employer _____ work phone _____
Relationship to child _____
2. Name _____ home phone _____ Cell _____
Employer _____ work phone _____
Relationship to child _____

Medical Information:

Any illness, allergies or medications _____
Please list any physical, mental or behavioral conditions that we should be aware of:

Dance Experience:

Prior Dance Experience _____
Name of former Dance School/Studio & Time studied _____
How did you find out about Dance Explosion? _____

CLASS SELECTION:

Classes (Day & time) _____
Class location _____

I AM ALSO ENROLLING IN DANCE COMPANY (performance group) circle one YES NO
(additional fee of \$25 per month) see additional information

I AM INTERESTED IN ENVISION BALLET THEATRE (ballet performance group) circle one YES NO
(additional monthly fee) see additional information

I AM INTERESTED IN MORE INFORMATION RE: DANCE TEAM (competition group)
(an information packet will be mailed or given to you) **circle one YES NO**

RELEASE OF LIABILITY: I/We, the parent(s)/guardian(s) of the above named student, authorize Dance Explosion to accept the above named child for participation in DANCE CLASSES with Dance Explosion. I/We hereby certify that the above named child is covered by a valid medical insurance policy. I/We hereby release Dance Explosion, it's directors, class instructors and staff; the cities of Hollywood, and Cooper City and their officers/agents from any and all liability. By my signature below, I verify that I understand and will comply with the registration and payment information and certify that the above information is correct. I understand that financial credit will not be given for any missed classes, however I am eligible to take my child to a make-up class for any missed lessons (no make up for holiday breaks). _____ (initial).
I have read & understand the withdrawal policy. _____ (initial)

PARENT/GUARDIAN SIGNATURE _____ DATE _____

REGISTRATION WORKSHEET

Tuition:

Student #1
Class hours _____ Monthly fee _____
Additional programs:
Dance Company (\$25) + _____

Total _____

Additional student(s)
Class hours _____ Monthly fee _____
Additional programs:
Dance Company (\$25) + _____
Minus \$5.00 Sibling discount - _____

Total _____

Family Monthly Tuition Total:
_____ X 2 months = _____

Registration fees:
_____ students @ \$15.00 = _____

Grand Total _____

PAYMENT OPTIONS:

Check enclosed: Check # _____ Amount _____

Money Order enclosed: Check # _____ Amount _____

Cash: Receipt # _____ Amount _____
(Cash accepted in person only)

Credit Card:

_____ Please charge registration fee(s) and two month's tuition ONLY to my credit card.

_____ Please charge registration fee(s) and two month's tuition to my credit card and continue to charge monthly tuition each month.

Please check one: _____ Master Card
_____ Visa
_____ Discover

Card Number: _____

Expiration Date: ____/____/____ Security code _____

Name on card _____

Signature _____

* A one dollar surcharge will be applied to credit card payments made by fax, mail, or phone and for credit card payments taken at park locations.