

REGISTRATION WORKSHEET

Tuition:

Student #1

Class hours _____ Mth fee _____

Additional student(s)

Class hours _____ Mth fee _____

Minus \$5.00 Sibling discount - _____

Total _____

Family Monthly Tuition Total:

_____ X 2months = _____

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 _____

Credit Card Billing Address _____

* 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.

DANCE EXPLOSION STUDENT REGISTRATION FORM

Participant Information:

Payment information on other side of this form.

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:

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 _____

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 city of Hollywood 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 _____