

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 charge recital fees to my credit card as they come due.

Please check one _____ Master Card _____ Visa _____ Discover

Card Number: _____

Expiration Date: _____ / _____ / _____ Security code _____

Name on card _____

Signature _____

Credit Card Billing Address _____

* A one dollar administration fee will be applied to credit card payments made by 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 _____

Please enroll me in automatic payment program (See Back)

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)

I grant permission to Dance Explosion, and its agents or employees, to take and use photos and/or videos of myself and/or my child for publications (such as flyers/brochures), advertisements (such as newspapers or online ads), our studio's website, or on social media sites (such as the studio's Facebook or Instagram account). I understand that in some cases, my child's name may be used. I further understand I will receive no financial compensation for use of these photos/videos. I acknowledge that by signing this form I authorize Dance Explosion to copyright, use and publish the photos/videos.

PARENT/GUARDIAN SIGNATURE _____ DATE _____