



REGISTRATION FORM

DATE: _____

STUDENT INFORMATION

SESSION: _____

Name _____ Home Phone _____

Address _____ Date of Birth _____ Age _____

City/State/Zip _____ Female Male

Academic School _____ Grade _____

PARENT INFORMATION

Name _____ Home Phone _____

Address _____ Email _____

Cell Phone _____ City/State/Zip _____

PERSON RESPONSIBLE FOR BILLING, IF DIFFERENT FROM ABOVE

Name _____ Home Phone _____

Address _____ Work Phone _____

City/State/Zip _____

EMERGENCY CONTACT INFORMATION

Name _____ Home/Work/Cell Phone _____

Address _____ Relationship _____

Please list all medical conditions, including current medications. Also list any learning or other special considerations/circumstances Danceology should be aware

of _____

If new, how did you hear about Danceology?



NAME: _____

SESSION: _____

Please complete a separate line for every class for which you are registering.

Class	Day	Time	Instructor	Hours per week	Director Approval

METHOD OF PAYMENT / CLASS RESERVATION

Session Tuition Pre-paid in full CC Cash Check #____

Installments by Automatic Payment CC Check #____

PAYMENT CALCULATION

Tuition Fee _____

List tuition based on number of hours registered (see Tuition Schedule).

Add Registration Fee _____

\$20 for first student, \$5 for each additional family member.

Total _____

I HAVE READ DANCEOLOGY TUITION POLICIES AND AGREE TO THE PAYMENT TERMS. I am aware that choosing to register for the session by full session payment or by the installment option by automatic payment. I AM RESPONSIBLE FOR THE FULL SESSION'S TUITION AND THAT PAID TUITION WILL NOT BE REFUNDED. I understand that one month's WRITTEN notice prior to terminating enrollment is required or TUITION WILL BE BILLED. WE WILL NOT TAKE VERBAL CANCELLATIONS! A CANCELLATION NOTICE MUST BE SUBMITTED AND CAN BE PICKED UP AT THE FRONT DESK.

Signature of Parent / Legal Guardian Date

Danceology Representative Date