

REGISTRATION FORM SESSION:

HOW DID YOU HEAR ABOUT US?

STUDENT'S NAME(S)

BIRTHDATE

STUDENT'S NAME(S)

BIRTHDATE

PARENT'S NAME(S)

ADDRESS

E-mail address:

PHONE: (home)

(cell)

Mom (work)

Dad (work)

EMERGENCY CONTACT

Phone

I have answered the above questions to the best of my ability and have read, understand and agree to all conditions regarding the studio's refund policies, procedures and late fees stated on the back of this card.

X _____
Parent's signature (if under 18 years of age)

CLASS REGISTRATION

CLASS NAME	DAY	TIME	TUITION

Deposit _____ Chk # _____ Date _____

REFUND POLICIES NO REFUNDS given once studio is in session for 2 weeks. Studio must be notified by the end of the 2nd week to qualify for a refund. A 2 week "walk-in" class fee is deducted from the refunded amount. A 15% processing fee is charged on all refunds. Registration fees are non-refundable. Credits are not transferable. A 5% late fee/week is charged on all late payments. Any deposit left to hold a spot is refundable ONLY if the class style or time changes. If notification has been made of an opening, response is required within 1 week, otherwise that spot will be given away, and deposit will NOT be refunded.

TUITION

1st Child/Class _____

2nd Child/Class (-10%) _____

3rd Child/Class (-15%) _____

4th Child/Class (-20%) _____

5th Child/Class (-25%) _____

6th Child/Class (-30%) _____

Subtotal _____

Less discounts _____

Registration fee _____

Costume fee _____

TOTAL DUE _____

TOTAL PAID _____

Chk #: _____ Cash: Date: _____

BALANCE DUE _____ **DATE** _____

BALANCE PAID _____ **DATE** _____

Medical Form: Make checks payable to:
The West Side Dance Center