

DanceArt 2009 Registration Form

82 DanceArt Drive. Garner, NC 27529. 919-550-6556

Student Information:

Student's Last name: _____ First Name _____
Grade for 08-09 School Yr _____ Age _____ Date of Birth _____ Sibling Enrolled? _____
Medical Concerns/Allergies/Disabilities/Other: _____

Parent's Email (Please print clearly) _____

Other Email (Please print clearly) _____

(EMAIL ADDRESS IS VERY IMPORTANT)

Mailing Address:

Name _____ Home Phone _____
Address _____ Work Phone _____
City _____ Zip _____ Cell Phone _____

I grant permission to DanceArt the use of all photograph and video footages taken of me and/or my child for program & advertising purposes.
Name _____ Date _____

DanceArt Payment Options:

**Please choose an option
below and fill it out completely.**

Monthly Credit Card/Debit Card Draft: _____ (Your card will be charged on the 9th of each month.)

The first month (Sept. tuition) will be charged on the date you register. All other monthly tuition will be deducted on the 9th of each month.

Credit Card Number: _____ - _____ - _____ - _____ Expiration: _____ - _____

Three digit security code: _____ (last three digits on the back of the card)

Sign here to authorize DanceArt to charge your monthly tuition on your credit card: _____

Monthly Checking Account Draft: _____ (Your checking account will be deducted on the 9th of each month.)

Please pay the first month of tuition (Sept. tuition) when you register. All other monthly tuition will be deducted on the 9th of each month.

Bank Routing Number (First set of numbers): _____

Checking Account Number (Second set of numbers): _____

Sign here to authorize DanceArt to draft your monthly tuition from your checking account: _____

Pay for the semester IN FULL: _____ (September-December) Please pay in full on the day you register.

\$35 class=\$175.00 for semester \$40 monthly class= \$200 for semester \$45 monthly class= \$225.00 for semester

\$65 a month (two classes) = \$325.00 for semester \$72 a month (two kids)= \$360.00r semester

Please write the class day and time that you prefer:

Day/Time for Class #1 _____

Day/Time for Class #2 (+\$25 more a month for the 2nd class a week) _____

Please list a second option: Class Day/Time _____ (the 1st choice may be full)

Please list "Dance Experience" for level placement:

No dance experience (please check) _____ Years of Dance _____ Studio Name _____

How did you hear about us? Please check as many that apply: Coupon Magazine in mail _____, Postcard _____, Friend _____,

Passed by facility _____, Current student _____ (Current student's name _____), Other _____

Emergency Contact other than parent/guardian: Name _____ Phone _____

Please initial: DanceArt Studio has an end of year performance in May. If your child chooses to participate in the performance, you will have to purchase a \$50-\$55 costume in November that will be ordered by DanceArt Studio. You will have to purchase tickets to the show. _____

You are not locked into a contract! (Students can drop at anytime-notify a staff member and your child will no longer be enrolled.)