

DANCE DEPOT, USA REGISTRATION FORM

535 Umatilla Blvd
Umatilla, FL 32784

Office Use Only		Payment Option(s)	
Monthly	Qrtly	Full	
Amount _____	Cash _____	Ck # _____	CC _____
Classes			
Day	Time	Day	Time

Dancer Information

Last Name _____ First Name _____ Middle _____

BirthDay _____ Age _____ Grade _____ School _____

Experience _____

How did you hear about the studio? _____

Parent or Guardian Information

Name _____ Relationship _____

Mailing Address _____

City _____ Zip _____ e-mail _____

Home phone _____ Work phone _____ Cell phone _____

Medical Information

Doctor _____ Medicines _____

Allergies _____ Medical Problems _____

Terms of Agreement - Please read the following carefully and sign below.

I understand-	costume payment is included in the installment payment
tuition is DUE the first lesson of each month. If received after the 10th a \$10.00 late fee will be assessed.	no costume refunds will be given.
attendance is important	the recital fee is \$65.00 and includes: recital tights, DVD, program, 2 tickets to the recital,
there is a \$25.00 returned check fee.	appropriate clothing must be worn and hair must be tied back (see handbook)
no tuition refunds are given without written notice.	my child will be videotaped at the recital
my child's photo may be posted on the Dance Depot website	

Medical Insurance Co. _____

Policy # _____

_____ I understand that I may pay using alternate methods. I further understand that if my payment is not received by the 10th of the month the credit/debit card listed will be charged and I will also be responsible for a late fee.

Credit Card Information

MC VISA # _____

Expiration Date _____ / _____ cvvc _____

I choose to have my payment debited from my account on the 1st of every month.

Billing

Address _____

I have received, read and understand the 2015-2016 Studio Handbook which includes but is not limited to payment policies, etiquette, and dress code. I understand it is my guide and I will keep it on hand throughout the year. I agree to adhere to all rules and policies and further understand that if my dancer(s) or I do not comply with these policies, my student(s) may be removed from the class with no reimbursement.

Signature _____

Date _____

Witness _____