

The Dance Spot



Registration Form

Student's Name: _____ Birth Date: ___/___/___ Age: _____
Street Address: _____ City: _____ Zip: _____
Mother's Name: _____
Father's Name: _____
(M) Cell: () _____ - _____ Work: () _____ - _____
(F) Cell: () _____ - _____ Work: () _____ - _____
Home Phone: () _____ - _____
Email: _____
Emergency Contact: _____ Phone: () _____ - _____
How did you find out about us? _____

****CLASS SCHEDULE****

DAY	TIME	SUBJECT

Please list previous dance training:

****RELEASE****

Just as in any physical activity, there is always a possibility of injury. The Dance Spot will provide care for your child but if some injury should occur, I, the undersigned, agree NOT to hold The Dance Spot or ANY of it's staff responsible for the injuries sustained in or out of The Dance Spot.

Medical Insurance Carrier: _____

Group# _____

Policy# _____

Please list any history of allergies, previous injuries, or other medical problems:

****ADD/DROP/CHANGE FORM****

Should you need to Add, Drop or Change from any or all classes at any time other than at the end of the session, you must give written notice to our office no later than the 1st of the month. To Add, Drop or Change from all classes and obligations, a completed Add/Drop/Change form must be turned in to our office. If this form is not submitted by the 1st of the month, you are responsible for continuing to pay tuition and late fees until the form is turned in, regardless of attendance.

****TUITION & REGISTRATION****

I understand tuition is due by the 1st of each month. If tuition is NOT received by the 5th of each month, I will be charged a \$15.00 late fee. Students that are one month late on tuition will not be allowed to attend class. NO EXCEPTIONS! I also understand that there are no refunds on tuition, costume payments or any other purchases from The Dance Spot. A registration fee is due at the time of registration. (See tuition sheet) A recital fee of \$50.00 will be due before recital.

I have thoroughly read and understand the above information

Parent Signature: _____

Date: ____/____/____