

The Dance Center • Registration 2017-2018

REGISTER BY MAIL! Fill out form - print clearly & completely (one Registration Form per family or single student) - 1. Registration Form & Class Enrollment Form, both sides, and 2. Tuition check with annual registration fee of \$32/person or \$42/per family. Make check out & mail with form to: The Dance Center, 56 W. 6th St. Santa Rosa, CA 95401, phone: (707) 575-8277. **PAYMENT MUST ACCOMPANY REGISTRATION.**

Adult/Parent responsible for payment: (please print clearly!)

Today's date _____

FIRST LAST

Relationship to dancer (parent/guardian, etc.): _____

Address _____

City _____ ZIP _____

Phone #: Home: _____ Wk.: _____

Parent's cell: _____

E-mail address of person responsible for payment: (print clearly!)

Employer: _____

Household members enrolled at the studio:

Name/relationship _____

How did you hear about the studio? ___ Friend's name _____

___ Website ___ Facebook ___ School ___ Other ___

• Tuition and Fees Agreement •

I _____, acknowledge the
(print payer's name)
following financial responsibilities involved in participating in
The Dance Center's classes:

- The registration fee is non-refundable.
- Tuition is due the 1st of the month - late fee after the 7th.
- Monthly tuition is due and expected from each registered student. I understand that to make a class change, an add/drop slip must be completed at front desk 15 days prior to being in effect. Students that simply stop attending are still responsible for tuition until an add/drop slip is filled out. Class drops cannot be taken over the phone. Informal notice to teachers or to any staff member does not relieve any responsibility for tuition, fees or charges.

By signing below, I agree to abide by the studio's payment and dropped class policy, and where applicable, give permission for automatic monthly payment by credit card for classes enrolled in.

Signature of adult/parent

PAYMENT OPTIONS - Avoid late fees! For your convenience, we offer automatic payment by debit card or credit card for monthly tuition. Information is kept confidential. Please choose one (must be updated each year) :

Tuition will be paid by: _____ automatic payment by debit card or credit card each month- please fill out below.
_____ cash, check or credit card at the studio or by mail on the 1st of the month..

Name on card _____ Type of card: ___ Visa ___ MC ___ Debit Card

Acct. no. _____ Exp. date _____

Agreement & Release of Liability I, _____, HEREBY ACKNOWLEDGE that I have voluntarily applied to participate
(please print both student's and parent's name if minor)

in dancing instruction, training and performances through The Dance Center of Sonoma County in Santa Rosa, California.

I AM AWARE THAT PARTICIPATING IN DANCE CLASSES AND PERFORMANCES CAN RESULT IN INJURIES, AND I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED AND I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY. AS LAWFUL CONSIDERATION for being permitted by The Dance Center of Sonoma County or one of its affiliated organizations to participate in these activities and use their facilities, I hereby agree that I will not make a claim against, sue, attach the property of, or prosecute The Dance Center of Sonoma County, and/or one of its affiliated organizations, owners, or employees for injury or damage resulting from the negligence or other acts, however so caused by any employee, owner, agent, or contractor of The Dance Center of Sonoma County or its affiliates, as a result of my participation in dancing activities. In addition, I hereby release and discharge The Dance Center of Sonoma County, any of its affiliated organizations, all of its teachers, owners, employees, and agents, from all actions, claims, or demands I, my heirs, distributees, guardians, legal representatives, or assigns now have or may hereafter have for injury or damage resulting from my participation in dance classes, instruction, or performances. I give The Dance Center of Sonoma County my permission to use any photographs or video footage in which I/my child appears for their use for advertising or publicity purposes. I understand The Dance Center of Sonoma County is not responsible for my child once my child has left the premises. I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE DANCE CENTER OF SONOMA COUNTY AND/OR ITS AFFILIATED ORGANIZATIONS AND I SIGN IT OF MY OWN FREE WILL.

©The Dance Center

Signature of dancer, parent or responsible party _____ Date _____

FOR OFFICE USE ONLY

Today's Date _____ Total (family) Hours Wk. _____
Monthly Tuition _____ Reg. fee _____ Other _____ Credit _____
Total due _____ Total paid _____ BALANCE DUE _____

CHECK # _____

CASH

CREDIT CARD

AUTO PAYMENT: CC/DB

FD: _____ DBE: _____

Binder _____

Rollbook _____

Costume binder _____

→ → → TO COMPLETE REGISTRATION, BE SURE TO FILL OUT CLASS ENROLLMENT FORM →

Class Enrollment Form 2017-2018

Date _____

Turn in this form with registration form, registration fee and tuition. Two forms provided - one form per dancer. PRINT CLEARLY!

Student's Name _____ Age _____ Birthdate _____ Parents' names _____
if a minor IMPORTANT!

Address _____ Main email: _____ Female Male

City _____ ZIP _____ Ph. #s: Home _____ Bus.: _____ Parents Cell: _____

I am a: CONTINUING STUDENT. Year started at The Dance Center _____

RECS CKD _____

ROLLBOOK _____

FD BINDER _____

Costume BINDER _____

I am: NEW TO THE DANCE CENTER - Previous dance experience _____ (No. of years, etc.)

I am registering for the following dance classes:

* Continuing students-be sure to enroll in your recommended class levels to avoid delay of your registration.

Class Day & Time	Name of Class	Class Length (1 hr., 1 1/2 hr. etc.)	Teacher	Initial

©The Dance Center

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