

FILL OUT ENTIRE FRONT + SIGNATURE SECTION ON BACK. INCOMPLETE FORMS AND/OR NO PAYMENT WILL DELAY THE ENROLLMENT PROCESS.

Our primary means of communication is email so please provide a valid and consistently used email address.

Student name: _____ Age & DOB(M/D/Y): _____ Grade completed _____

Medical conditions (if none write N/A) _____

Parent name(s): _____ Email: _____

Address: _____ City/State/Zip: _____

Primary phone #: _____ Secondary phone # _____ Add'l phone # _____

- C** 1. Class Name _____ Class Day & Time _____ Amount \$ _____
- L** 2. Class Name _____ Class Day & Time _____ Amount \$ _____
- A** 3. Class Name _____ Class Day & Time _____ Amount \$ _____
- S** 4. Class Name _____ Class Day & Time _____ Amount \$ _____
- S** 5. Class Name _____ Class Day & Time _____ Amount \$ _____

In the event your classes fill, change, or cancel please list your alternate choices below:

- S** 1. Class Name _____ Class Day & Time _____ ↓
- E** 2. Class Name _____ Class Day & Time _____ ↓
- S** 3. Class Name _____ Class Day & Time _____ ↓

Monthly Total = \$ _____

Multiple family member or multiple class discount if applicable - \$ _____

Adjusted monthly total = \$ _____

PAYMENT CHOICE & REMITTANCE


To be considered enrolled with space reserved at least first month's tuition + \$25 registration fee must be received.

Check your payment option below _____ **Amount** + **Registration fee** = **\$ Total due** _____

_____ Semester Prepayment - 5% off (# mos X monthly total X .95) _____ + \$25 = \$ _____

_____ Yearly Prepayment - 10% off (# mos X monthly total X .90) _____ + \$25 = \$ _____

_____ Monthly by Automatic withdrawal – read below. _____ + \$25 = \$ _____

Pay for first month tuition + \$25 registration fee up front by cash or check. Then fill out authorization form on back  for subsequent monthly payments to be processed.

_____ Monthly by Cash or Check – read below & initial below. _____ + \$25 = \$ _____

\$3 monthly maintenance fee. No monthly bills or reminders sent - it will be your responsibility to remember to pay. Tuition is due the 1st of each month with grace period until the 15th. \$10 late fee accessed after the 15th. \$30 returned payment fee. Accounts with no payment or late payments more than twice will lose discounts.

I have read & understand these terms. Initials _____

Sign & date on reverse side 

To allow entrance & participation, please read, sign, and date below.

I agree to read or have read the Policies/FAQ brochure so that I fully understand, respect, accept, and adhere to the policies and associated terms as stated in the brochure. Furthermore, in consideration of being permitted to participate in courses(s) of dance and exercise instruction, I do hereby release, remiss and forever discharge Dance 2, Dance Ballroom & Studio, Dance Etc, its staff members and associates from all manner of actions relating to participation therein. This release is given for the purpose of allowing entrance and participation in dance or exercise classes. I also give permission for enrolled student and/or myself to be photographed or filmed, solely for advertising, educational, and/or display purposes in any/all types of media and authorize use of such solely for those purpose(s). I understand that names are never used or released without permission.

Participant's signature or Parent/Guardian signature if participant is a minor

Date

Direct Payment Authorization Form

Check the following as desired:

I authorize Dance 2 to initiate electronic debit entries to my: ___Checking Account ___Savings Account for payment of dance lessons.

I choose to have these processed each month on the ___1st___10th ___15th

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law. This authority will remain in effect until I cancel it in writing. \$30 fee for returned payments.

Fill out form below and provide a blank/voided check:

Account Holder Name(s) _____

Account# _____ Bank Name _____

Bank's Routing # _____ Bank's City & State _____

Signature _____ Date _____

ATTACH YOUR BLANK/VOIDED CHECK HERE