



Children's Dance Classes

Student Registration Form

Date: ____/____/____

Student Name: _____	D.O.B. ____/____/____	Sex _____	Class _____
Student Name: _____	D.O.B. ____/____/____	Sex _____	Class _____
Student Name: _____	D.O.B. ____/____/____	Sex _____	Class _____
Student Name: _____	D.O.B. ____/____/____	Sex _____	Class _____
Parent/Contact Adult Name: _____			
Address: _____		Zip Code _____	
Home Phone: _____		Work Phone: _____	
Cell Phone: _____		E-mail: _____	

School Year 2009-2010	Dates	Recital Date	Trial Session/Monthly Rate	\$/School Year
(36 weeks)	09/07/09-05/31/10	06/05/2010	\$50/ month+\$30 Registration	\$360

Tuition Total: _____
Annual Registration Fee: **\$30.00**
Grand Total: _____

- *All children classes' length is 45 minutes, 1 time per week.
- *All children must be registered 2 weeks prior to the start of the semester they wish to attend.
- *Preschool class limit is a 4 student minimum and a 9 student maximum.
- *All other class limits are a minimum of 6 students that must be enrolled in order to run a class and a maximum of 12 per class.
- *All monthly students must be on automatic payment system.

Payment and Liability Release Agreement

I understand that enrollment fees are non-refundable. I have three business days from the moment of enrollment to evaluate the service provided and request a refund of any unused portion of the enrollment fees. A \$25 cancellation fee will apply. Payment is due in full a week before the beginning of classes. A \$10 late fee will apply to payments made less than a week. If payment is late more than one week, student privileges will be suspended until paid in full. A \$20 fee will apply on all returned checks.

I understand that in the art and sport of dancing, performing arts, ballet, aerobics, and all other activities the Columbus Dance Centre has to offer injuries can occur. I agree to release the Columbus Dance Centre, its employees, owners, affiliates, agents, officers, and directors from all liability in an unlikely event of injury, death, and damage by user's participation in the sport/activities of dance.

I _____ voluntarily agree to assume all risks of injury and have read and understand the rules/regulations, terms and conditions in the liability waiver of the Columbus Dance Centre.

Date ____/____/20____ Signed _____(parent/guardian)

Mail with payment to: Columbus Dance Centre, 1000 B Morrison Rd, Gahanna OH 43230 Tel: (614) 759-0502 Fax: (614) 892-3267

Credit Card Number _____ Exp. ____/____ V# _____ Cardholder's Name _____

Billing Address _____ Zip code _____ Phone _____

I authorize charging my credit card for the above (grand total) amount. Signature _____

STUDIO USE ONLY	Payment \$ _____	Method of Payment _____	Collector _____
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