

Please complete this form and return to the front desk with a non-refundable enrollment fee \$60 per family or \$35 per individual and the first month's tuition.

STUDENT INFORMATION:

STUDENT NAME **DOB** / / **AGE**

PARENT OR GUARDIAN NAME 1. 2. **GENDER**

PARENT OR GUARDIAN CELL 1. 2. **EMAIL**

ADDRESS **CITY** **ZIPCODE**

Any health problems we should be aware of? **IF YES, PLEASE SPECIFY:**

NO YES

MONTHLY FEES: MONTHLY TUITION \$ _____

- | | | | |
|--------------------|-------|------------------------|-------|
| • 30 MINS PER WEEK | \$40 | • 7 HOURS PER WEEK | \$315 |
| • 45 MINS PER WEEK | \$55 | • 8 HOURS PER WEEK | \$345 |
| • 1 HOUR PER WEEK | \$70 | • 9 HOURS PER WEEK | \$370 |
| • 2 HOURS PER WEEK | \$120 | • 10 HOURS PER WEEK | \$395 |
| • 3 HOURS PER WEEK | \$170 | • 11 - 14 HRS PER WEEK | \$415 |
| • 4 HOURS PER WEEK | \$215 | • EACH ADDITIONAL HR | \$15 |
| • 5 HOURS PER WEEK | \$250 | • 1 HOUR DROP IN | \$20 |
| • 6 HOURS PER WEEK | \$285 | • 1.5 HOUR DROP IN | \$30 |

Tuition is due on the 1st of every month. Payments must be made by the 5th of the month in order to avoid a \$15.00 LATE FEE. You will not be billed monthly, meaning it is your responsibility to pay tuition each month. Add ons, transfers, and or withdrawals from classes must be completed by submitting a form to the front desk by the 20th of the current month NO REFUNDS

CLASSES TO BE REGISTERED IN:

CLASS	DAY	TIME

*All students and the parents/legal guardians are aware of all possible physical injuries that may occur during any classes, performances, and/or rehearsals and are willing to assume those risks. It is agreed that students, and their parents/legal guardians will not hold Studio 702 Dance, its directors, officers, and/or employees liable for injuries sustained while in attendance or while participating in any Studio 702 Dance activity. *I authorize the potential use of photos / videos of my child for publications for various marketing promotion materials.

Parent or Guardian Signature _____ Date _____

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STUDENT NAME **DOB** / / **AGE**

PARENT OR GUARDIAN NAME 1. 2. **GENDER**

PARENT OR GUARDIAN CELL 1. 2. **EMAIL**

ADDRESS **CITY** **ZIPCODE**

Any health problems we should be aware of? **NO** **YES** **IF YES, PLEASE SPECIFY:**

DROP IN FEES:

- 30 MIN DROP IN \$12
- 1 HOUR DROP IN \$20
- 45 MINS DROP IN \$15
- 1.5 HOUR DROP IN \$30

CLASSES :

CLASS	DAY	TIME

***All students and the parents/legal guardians are aware of all possible physical injuries that may occur during any classes, performances, and/or rehearsals and are willing to assume those risks. It is agreed that students, and their parents/legal guardians will not hold Studio 702 Dance, its directors, officers, and/or employees liable for injuries sustained while in attendance or while participating in any Studio 702 Dance activity. *I authorize the potential use of photos / videos of my child for publications for various marketing promotion materials.**

Parent or Guardian Signature _____ Date _____

