

Registration Form for Academy of Dance

2431 N Tustin Ave #M-Q, Santa Ana CA 92705 Tel (714) 571-0443

Email: academyofdance@socal.rr.com

Billing Name: _____

EMAIL ADDRESS: _____

Billing Address: _____

City: _____ ZIP: _____

Home Telephone: _____ Work Tel: _____

Parent 1 Cell: _____ Parent 2 Cell: _____

Students Name: _____

Student's Address: (if different from billing address) _____

City: _____ ZIP: _____

Students Date & year of birth: _____

Emergency Contact Name: _____ tel #: _____

Emergency Contact Name: _____ tel #: _____

At registration time a credit card must be placed on file. If tuition has not been paid by the 15th of the month, your credit card will be charged and will include a **\$10 late fee plus a 4% transaction fee**

I have read the Academy of Dance tuition rules, including make-up classes and dress code information. My child & I agree to respect the discipline of dance and abide by these rules. _____

I, _____ agree to pay tuition of \$_____ before the *eighth day* of each month.

I understand that no invoice will be sent. I further agree that in the event of my child's withdrawal from class(es) I will provide Academy of Dance with a 30-day written notice of withdrawal or payment for said month.

Parent Signature: _____ Date: _____

Please complete the section below

I, _____ authorize the Academy of Dance to charge my credit card for my outstanding balance 15 days after tuition, costume or other payments are due.

Signature of card holder: _____

Visa/Mastercard #: _____ Expiration Date: _____ Zip Code: _____

