

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: _____

Please check the box if you agree to have email, cell and home telephone #'s included in family directory

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 #: _____

Emergency Contact Name: _____ tel #: _____

The policy of Academy of Dance is such, that training simultaneously at another dance studio is both a conflict in training and a conflict of interest. I have read the Academy of Dance tuition rules, including make-up classes & I agree to respect and abide by these rules.

I, _____ agree to pay tuition of \$_____ before the *eightth 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: _____

Complete the section below if you select an automatic credit card payment option

I, _____ authorize the Academy of Dance to automatically charge my credit card monthly for the above tuition amount. Signature of card holder: _____

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

