

# Full Circle Dance Center

## Registration Form

Session/Year \_\_\_\_\_

Student: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Parent (Guardian) Names: \_\_\_\_\_

Address: \_\_\_\_\_

Primary and Secondary Phone Numbers: \_\_\_\_\_

Emails \_\_\_\_\_ How did you hear about us?: \_\_\_\_\_

Allergies or Medical Conditions: \_\_\_\_\_

Class/Level: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_ Tuition: \_\_\_\_\_

Class/Level: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_ Tuition: \_\_\_\_\_

Class/Level: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_ Tuition: \_\_\_\_\_

Class/Level: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_ Tuition: \_\_\_\_\_

Class/Level: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_ Tuition: \_\_\_\_\_

Class/Level: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_ Tuition: \_\_\_\_\_

Class/Level: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_ Tuition: \_\_\_\_\_

Class/Level: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_ Tuition: \_\_\_\_\_

\* Tuition for Fall Session: one hour class \$210, 45 minute class \$190, 30 minute class \$130      Semi Total: \_\_\_\_\_

\* 10% discount for 3 or more classes per family (if paid in full by first class)

\*Unlimited Plan per student per session \$1000 - Unlimited Plan per family per session \$1500      Discount: \_\_\_\_\_

\*Discounts do not apply to Unlimited Plan - Competition Team fees not included in Unlimited Plan

Total: \_\_\_\_\_

Office Use Only: Check \_\_\_\_\_ Credit Card \_\_\_\_\_ Cash \_\_\_\_\_

I hereby release Full Circle Dance Center, its staff, and/or volunteers from any and all liability of any kind such as injuries, damage or loss as a result of participation in any or all activities connected or associated with Full Circle Dance Center.

- I give permission for my child/myself to be photographed and/or videotaped to be used for purposes such as publicity, advertising, social media and/or dance instruction.
- No refunds will be issued after the first day of the current session. If a refund is requested before classes begin for the current session, a \$25 registration fee will be withheld.
- Registrations will not be accepted without payment and parent signature.
- I understand and will adhere to all the rules and expectations listed in the "Rules and Expectations" packet provided to you.

**I agree to adhere to the above stated policies, separate "Student/Parent Expectations" Handbook, and claim release:**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_