

Dream Dance Company

2019-2020 Class Registration Form

Last Name: _____ Mother's Name: _____ Father's Name: _____
 Mailing Address: _____ City: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Email Address: _____ 2nd Email Address: _____
 Emergency Contact Name: _____ Phone 1: _____ Phone 2: _____
 Allergies: _____

I, _____, the parent or legal guardian of _____, hereby give permission for my child to participate in all activities with DDC. I agree that we will comply with DDC's rules, policies and procedures as they exist. I understand that dance instruction, performance, and related activities involve some risk of injury or harm, and I assume all liability (whether for injuries or otherwise) arising out of my child's participation in such activities. I agree to indemnify and to hold DDC and its owners and employees harmless from and against any and all liability, damages, costs, claims and expenses incurred by any of them in connection with my child's participation in any DDC activity. IF DDC determines that an injury suffered by my child requires medical attention, I understand that DDC will make every reasonable effort to contact me. I hereby give permission for emergency medical treatment to be given to my child by providers chosen by DDC. By signing below, I further bind myself, my child and our respective heirs, executors, administrators and assigns.

Parent/Legal Guardian Signature: _____

Dancer #1 Name	Birthday	Class Name	Day	Time	Class Fee	Discount	Spring Recital
						Pay 100%	YES/NO
						BOGO/Free	YES/NO
						15% Off	YES/NO
						20% Off	YES/NO
Dancer #2 Name	Birthday	Class Name	Day	Time	Class Fee	Discount	Spring Recital
						Pay 100%	YES/NO
						BOGO/Free	YES/NO
						15% Off	YES/NO
Dancer #3 Name	Birthday	Class Name	Day	Time	Class Fee	Discount	Spring Recital
						Pay 100%	YES/NO
						BOGO/Free	YES/NO
						5% Off	YES/NO

Registration Fee (\$25.00)	
Recital & 1st Costume Fee Spring Recital Only (\$150.00)	
Additional Costumes 1 Per class, Recital Only (\$75.00)	
Tuition First Month Payment (plus .06 tax)	
Total Due at Registration	

Monthly Tuition (with Tax)

0.50	46.64
0.75	59.36
1.00	79.16

Pay By: Check/Credit Card

I understand that tuition is due on the 20th of every month and a \$25.00 fee will be added to my account if this tuition is not paid by the 25th of the same month. DDC does not email or mail monthly tuition invoices. If the dancer drops classes at any time during the 2017-18 dance season, I will not get my recital fee returned and I am financially responsible for costumes that are ordered for my dancer(s). If, for any reason, my dancer or tumbler needs to quit a class before the end of the dance season, I will fill out the Drop Form by the 15th of the prior month to avoid further tuition charges. If my account becomes 60 days past due, I understand that my dancer(s) or tumbler(s) will not be able to participate in class until my account balance is current. I understand contact about my account and classes will be via e-mail. I will make sure to update my information with DDC and I am responsible for receipt of Emails. If my account becomes 90 days past due, I realize that it will be considered delinquent and it will be forwarded to a third party. I have read and understand all Dream Dance Company policies listed on our website.
(Signature below claims full financial responsibility for dancers account)

Signature: _____ **Printed Name:** _____ **Date:** _____

Yes _____ I would like Automatic / Recurring Payment Plan.

I authorize Dream Dance Company to initiate electronic payments for balances due on my Dream Dance Company account. I understand that payment will be automatically made throughout the year for any balance due on my account. I understand that the payment amounts may vary as classes are added/dropped and as other charges are applied to my account.

Account Holders Name _____ **Signature** _____

Credit Card # _____ **Exp.** _____ **Security Code** _____

Office Use Only	Paid CC	Paid Check #
Staff Initials:	Yes / No	

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