

Student's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Grade \_\_\_\_\_ Age: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/s Name: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

Type of Class	Level	Day/Time	Tuition	Recital Fees
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1. _____	_____	_____	_____	_____
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2. _____	_____	_____	_____	_____
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3. _____	_____	_____	_____	_____
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4. _____	_____	_____	_____	_____
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Tuition monthly: \$ \_\_\_\_\_ \$ \_\_\_\_\_

Total due each month based on payment option chosen: \$ \_\_\_\_\_

**Payment Plan Options:**

\_\_\_\_\_ A \$25.00 + 1 Month tuition due at registration. Monthly tuition due the 1st of each month.  
1/2 recital fees due Nov. 30, balance due Jan. 30.

\_\_\_\_\_ B \$15 + 1 month tuition + 1/9 of recital fees due at registration. Monthly tuition + 1/9 recital fee due the 1st of each month.

\_\_\_\_\_ C \$15 + 9 months tuition(-5%)+ all Recital fees due at registration. No more payments unless on team or optional items.

**Auto Pay Option: (add \$2 per transaction for auto pay option)**

Please charge the total amount to my Visa/Mastercard/paypal monthly: Enrolling by mail & paying with credit card please include to following:

Card #: \_\_\_\_\_ exp.date: \_\_\_\_\_ Security code on back: \_\_\_\_\_

Signature of card holder: \_\_\_\_\_ today's date: \_\_\_\_\_

By signing below, I understand that there is potential for injury with participation in any sport, including classes at Katie's Dance Studio; and, while Katie's Dance Studio, it's owners, directors and teachers will make every reasonable effort to eliminate potential for injury, such injury may still occur. I understand this risk and agree to hold Katie's Dance Studio, its owners, directors and teachers harmless from any and all liability connected with any injury arising out of the participation in classes at Katie's Dance Studio.

By signing below, I will abide by the policies, and procedures described. I have read, understand and agree with the studio policies, procedures, fees and payment schedule. I agree also that my child will participate in the annual recital and agree to pay all fees associated with the recital when due.

Signature of Parent \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only** \_\_\_\_\_

Completed by: \_\_\_\_\_ Date enrolled: \_\_\_\_\_

Payment Method: Cash \_\_\_\_\_ Check # \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ PayPal \_\_\_\_\_

Registration Fees: **\$25 for plan A, \$15 for plan B or C (due at registration)**

First Month's Tuition: \$ \_\_\_\_\_ (Starting month: \_\_\_\_\_)

Shoes Amount: \$ \_\_\_\_\_

Merchandise: \$ \_\_\_\_\_

\$ \_\_\_\_\_

Tax: \$ \_\_\_\_\_ Other Fees Paid: \$ \_\_\_\_\_

Total Paid: \$ \_\_\_\_\_

Added to Office Class List: \_\_\_\_\_ Computer: \_\_\_\_\_ Studio Class List: \_\_\_\_\_ Add Book: \_\_\_\_\_