

# FOCUS

*focus*

DANCE STUDIO

Student Name \_\_\_\_\_ DOB \_\_\_\_\_

Parent Name \_\_\_\_\_ Cell \_\_\_\_\_

Street Address \_\_\_\_\_

Parent Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ phone \_\_\_\_\_ relation \_\_\_\_\_

Medical Conditions \_\_\_\_\_

| Class Preference(s) | Day | Time | Cost |
|---------------------|-----|------|------|
|                     |     |      |      |
|                     |     |      |      |
|                     |     |      |      |
|                     |     |      |      |
|                     |     |      |      |
|                     |     |      |      |

Add Registration Fee      **\$20.00**

\*First months tuition is due at time of registration

Total Cost \_\_\_\_\_

\*\*Please Complete the Monthly Auto Payment Form

Parent Initials:

\_\_\_\_\_ I understand and have read and signed the Release and Waiver of Liability and Indemnity Agreement.

\_\_\_\_\_ I understand that tuition is due by the 1<sup>st</sup> of each month.

\_\_\_\_\_ I understand that a \$10.00 late fee will be automatically applied to my account on the 7<sup>th</sup> of the month.

\_\_\_\_\_ I understand that there is a \$25.00 NSF charge for all returned checks.

\_\_\_\_\_ I understand that I will not receive an invoice.

Parent/Legal Guardian  
Signature \_\_\_\_\_

Date \_\_\_\_\_