

Hollywood Studio of Dance
2011-2012 Nine-Month Dance Program Enrollment Form

Student's Name _____ Youth Adult

Date of Birth _____ Gender (if under 18) M F

Parent/Guardian Name (if under 18) _____

Address _____

City, State, Zip _____

Primary Phone _____ Secondary Phone _____

Email _____

EMERGENCY CONTACT INFORMATION

Name _____ Relationship to Student _____

Primary Phone _____ Alternate Phone _____

Does this student have any medical conditions we should be aware of? Yes No (circle one)

If yes, please explain: _____

ENROLLMENT INFORMATION

Class 1 _____ Day _____ Time _____ Amount \$ _____

Class 2 _____ Day _____ Time _____ Amount \$ _____

Class 3 _____ Day _____ Time _____ Amount \$ _____

Class 4 _____ Day _____ Time _____ Amount \$ _____

Class 5 _____ Day _____ Time _____ Amount \$ _____

Class 6 _____ Day _____ Time _____ Amount \$ _____

PAYMENT INFORMATION: *List all family members also enrolled in the program.*

Name _____ Name _____

Name _____ Name _____

Name _____ Name _____

Single Rate Family Rate (2 or more immediate family member)

If enrolling via e-mail or mail, credit card information must be included before enrollment will be accepted. By providing credit card information, you are authorizing Hollywood Studio of Dance to charge registration fee and first month of classes when form is received.

Name on Credit Card: _____ Zip Code _____

Credit Card Number: _____ Expiration Date _____

(over)

IMPORTANT INFORMATION

1. *Disclaimer:* Customers or students cannot hold Hollywood Studio of Dance liable for any personal injuries, property damage, or loss of property.
2. I acknowledge that all tuition fees are to be paid in full the first week of classes. Tuition payments are non-refundable and non-transferable.
3. I understand that if my account balance with Hollywood Studio of Dance exceeds \$100 for a single student or \$200 for family at any time during the Nine-Month Program, my child(ren) will not be allowed to return to class until my account is brought current. Additionally, I understand my child(ren) will not be able to participate in the annual recital if any balance remains on my account after May 31, 2012.
4. I understand that a \$5.00 late fee will be added to my account if class fees are not paid by the end of each month.
5. *Photo/Video Release:* I give Hollywood Studio of Dance permission to professionally produce and/or use photographs, video tapes and films of my child(ren) which are associated with Hollywood Studio of Dance.

Signature of Parent/Guardian

Date