

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 1st of each month.

_____ I understand that a \$10.00 late fee will be automatically applied to my account on the 7th 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 _____