

Registration form-Excel Dance Centre '17-'18

Student's name _____

Age _____ Birth date _____ Grade _____ School _____

Parent's names _____

Address _____ City/Zip _____

Home phone _____ work phone _____

Cell phone _____

E-mail address _____

Emergency Contact _____ phone _____

Previous dance experience-how many years? _____

Classes:

| Class name | Day | Time |
|------------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Annual registration fee \$30/dancer \$40/family
(non refundable)

Total fees: _____ **(registration fee plus one month tuition to save spot)**

Method of Payment

Cash Check# _____ Charge(see back page) (Auto on back)

***Please send registration sheet, registration fee and first month tuition to save your spot for fall placement. Thank you!**
(registration opens July 6th for returning students and July 13^h for new students)
Classes start Wednesday, Sept. 6th

Please see next page for more information.

EXCEL DANCE CENTRE, LLC, 6775 W. Q AVE., KALAMAZOO, MI 49009

269-568-0582 www.exceldancecentre.com

How did you hear about Excel Dance Centre? _____
Friend flyer radio
signage/banner Website Social media

Other: _____

Comments/Suggestions: _____

Does your student(s) have any allergies/health concerns?

I give my permission for my child to be photographed, videotaped or recorded during events, classes or performances for use in publications, media, and advertising. I have read and understand the policies listed on the policy page on the website regarding payment of classes and costumes, late charges, returned checks, discounts, class drop forms, class cancellations, proper dance attire and shoes, and classroom behaviors. I will not hold Excel Dance Centre or it's employees liable for injury or lost/stolen items. I also understand that if I have a child in multiple classes or more than one child attending dance that there is a possibility that we may be split for recitals. We do our best to keep you together but as you can guess it is very difficult. Complimentary tickets will be given to each family affected by a split. Thank you for your understanding!

_____ (parent/legal guardian)
_____ date

For credit card use- circle one: Mastercard Visa Discover
Account Number _____ **Exp. Date** _____
Billing zip code _____ **3 digit security code** _____
Cardholder name (print) _____
Signature _____

_____ I would like to use this card as an automatic fee withdrawn from my account on the 3rd of every month. There will be a one-time fee of \$12.00 assessed on your first automatic payment. Any further questions please call the studio.