

**GRACIE'S GUYS AND GALS DANCE STUDIO
REGISTRATION FORM
2017 - 2018
CLASSES START SEPTEMBER 11, 2017**

Student Name _____ Age _____

Address _____ Date of Birth _____

City _____ State _____ Zip Code _____

Email (PLEASE PRINT) _____

Mother's Name _____ Work _____ Cell _____
(Please list last name if different)

Father's Name _____ Work _____ Cell _____
(Please list last name if different)

How did you find out about Gracie's Guys and Gals _____

NOTE: Each class must have at least 8 students registered PLEASE CIRCLE CHOSEN CLASS

TAP	HIP HOP	BALLET	POINTE	COMBO (5/6/7)	PRESCHOOL	
	GYMNASTICS		BODY PERCUSSION		TOT (\$45)	
Example:	CLASS	Tap	DAY	Monday	TIME 5-5:45	TEACHER Ms. Gracie
1st CLASS	\$ 60.00	CLASS	DAY		TIME	TEACHER
2nd CLASS	\$ 55.00	CLASS	DAY		TIME	TEACHER
3rd CLASS	\$ 40.00	CLASS	DAY		TIME	TEACHER
4th CLASS	\$ 35.00	CLASS	DAY		TIME	TEACHER
5th CLASS	\$ 35.00	CLASS	DAY		TIME	TEACHER

PLEASE READ AND INITIAL THE FOLLOWING TERMS:

I give my permission for my child to participate in dance/gymnastics program at Gracie's Guys and Gals Dance Studio and I will not hold any staff member at Gracie's Guys and Gals Dance Studio liable in case of an emergency involving my child during class participation, or arrival/departure from the building. _____

I am aware that the studio policy and guidelines and monthly newsletter are posted in the lobby, and also on the website for me to read, and it is my responsibility to make sure that I am aware of all the information provided. _____

It is my understanding by signing this contract, I will NOT be allowed to videotape or photograph the dance recital held in June. I will inform my guest of this policy. I may videotape and take pictures at the dress rehearsal, but if at the recital I arrive with any camera, I will be asked to leave. _____

Tuition is based on a years tuition, but is pro-rated on a monthly basis. If my child must withdraw, it is my responsibility to give a 2 weeks advanced notice to the office in writing or email to GraciesGandG@aol.com. Without this notice I am responsible for the months tuition. _____

Tuition payments are due by the 7th of each month. **Late payments received after the 7th will be charged a \$20 late fee.** An additional \$10 late fee will be charged if payment received after the 20th. _____

Recital fee is due by March 7th. This fee is not refundable. _____

I am aware that I must put my child's name in the memo line on my check. If I pay cash I must put my child's name and month paid on the outside of envelope. Only cash goes into an envelope, do not put checks in an envelope. _____

May AND June tuition is due by May 7th. _____

I UNDERSTAND THIS AGREEMENT:

PARENT'S SIGNATURE

DATE

Registration Fee: \$30 Per Family

TO BE COMPLETED BY GRACIE'S STAFF ONLY

TUITION LOG FOR:

Name	# of Classes	TUITION	DELETE	ADD	TOTAL
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
				Family Total	\$

Month	Date Pd	Check #	Check/ Cash	Late Fee	Credit	Owe
SEPTEMBER (Reg Fee)			\$	\$	\$	\$
OCTOBER			\$	\$	\$	\$
NOVEMBER			\$	\$	\$	\$
DECEMBER			\$	\$	\$	\$
JANUARY			\$	\$	\$	\$
FEBRUARY			\$	\$	\$	\$
MARCH			\$	\$	\$	\$
MARCH (Recital Fee)			\$	\$	\$	\$
APRIL			\$	\$	\$	\$
MAY			\$	\$	\$	\$
JUNE			\$	\$	\$	\$

NOTES: