

REGISTRATION FORM

(Registration fee is \$25.00 per child and is non-refundable.)

NAME OF STUDENT _____

Date of Birth _____

Address _____ Zip Code _____

Telephone (Home) _____ (Work) _____

e-mail address _____

Cell Phone # _____

I consent to having my cell phone number added to an automatic BAND text alert for studio emergency notifications—no solicitations will be allowed.

YES _____ NO _____

I am aware of the dress code and monthly fees for dance classes (\$50.00 for a 30-minute class and \$60.00 for a one-hour class). I am aware that there are no credits or refunds for class absences. I also understand that a late fee of \$5.00 PER CLASS ENROLLED (per month) will be levied if monthly class tuition is not paid BEFORE the first of the following month. Monthly fees are required every month UNLESS you completely withdraw from classes for the remainder of the year.

In addition, I understand that the studio is not responsible for accident, injury, or loss suffered on the premises, in classes, or in connection with rehearsals or performances.

Signature of Parent or Legal Guardian _____

Date Registration Paid _____ Check # _____ Cash _____

Class(es) Requested: _____

Mail completed form with check or money order to:
World of Dance, 800 West Johnson Dr., Terre Haute, IN 47802
(**studio website:** worldofdanceterrehaute.com)