Welcome To Premiere Dance Studio!

Competitive Dance, Clogging & Acro Team Registration Form

2018 - 2019

Student Name: _____ Date of Birth: _____

Parent(s) Name: _____ Cell Phone: _____

Home Phone: _____

Street Address: _____ Work Phone: _____

City, State, Zip: _____ E-mail Address: _____

Emergency Contact (in case parent cannot be reached): _____

Medical Conditions: _____

Dance Team: _____

Classes: Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Please note that your monthly tuition is due on the 1st of each month and no later than the 15th. **If not paid by the 15th, you will be charged a $10 late fee. Also, if you choose to not participate in the bank draft, $5 will be added monthly to your tuition.**

Our PRIMARY form of communication with parents is on our FACEBOOK group. Our group is simply called "Premiere Dance." Please join our group to ensure you have the latest information at all times. Other ways we communicate include handouts, signs around the studio, and communication with your instructor. Always feel free to stop at the front desk and ask for any information that you may have missed.

All costume fees will be due BEFORE Christmas and recital fees BEFORE April 26th. **Late fee is $5 per costume per month.**

General Photo Release: By initialing, I give Premiere Dance Studio permission to use photographs and/or videos of my child during competitions/performances etc. for demonstration, advertisement and/or evaluation.

I, _____, have received, read, and reviewed the policies and procedures of Premiere Dance Studio. I agree to follow all policies and guidelines set before me. I realize there is a degree of danger in any physical activity and hereby hold harmless all students and instructors, as well as the studio and its staff, from any liability involving an injury or death. I will also inform Premiere Dance Studio of any and all injuries that my child may have before and/or during classes. I also give Premiere Dance Studio and its staff permission to get medical attention if needed for my child.

Parent/Guardian Signature _____ Date _____

Registration Fee:										
Monthly Tuition Dues:										
Month	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	April	May
Amount Paid										
Check # /Cash										
Date Paid										
Costume Fees/ class:										
Competition Fees:										
Supplies:										
Recital Fees:										
Misc. Fees:										
Room Fees										
Month	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	April	May
Amount Paid										
Check # /Cash										
Date Paid										
Months Requesting Room Space										

Monthly Tuition:										
Month	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	April	May
Amount Paid										
Check # /Cash										
Date Paid										