

MONTHLY TUITION: \$ \_\_\_\_\_

YEAR OF DANCE: \_\_\_\_\_

YEAR OF HS GRAD: \_\_\_\_\_

# DANCE KRAZE DANCE STUDIO, LLC

122 Prospect Hill Road  
East Windsor, Connecticut 06088  
(860) 292-1440  
www.dancekrazedancestudio.com



## REGISTRATION FORM

Check One:

Fall Dance Program

Fall Company & Acro/Gym Team Programs

STUDENT NAME: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

Town, State, Zip: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Parent/Guardian 1 Name: \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS FOR STUDIO CORRESPONDENCE USE: \_\_\_\_\_

CLASS SELECTED: \_\_\_\_\_

CIRCLE DAY: \_\_\_\_\_

TIME: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

M T W TH F  
M T W TH F  
M T W TH F  
M T W TH F  
M T W TH F  
M T W TH F

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### LIABILITY & ADVERTISEMENT

I \_\_\_\_\_, have read and understand that dance and tumbling involves twisting and turning, and injuries may result. All families are responsible for their own medical coverage and insurance. I also give permission for any dance pictures/videos to be used in local newspaper articles, television, studio advertising or on our web-site.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

### TUITION, COSTUMES, LATE FEES & RETURNED CHECKS

I \_\_\_\_\_, have read and understand that tuition and costume fees are non-refundable. Costume orders will be cancelled at the time of resignation. **September Tuition + Registration Fee is due at the time of registration. June Tuition will consist of 50% of my monthly tuition fee due no later than June 1st.** Tuition fees are due the 1<sup>st</sup> of each month with a 5-day grace period. I understand that if the studio is closed, my child is absent or a holiday falls during this time I have the option to ensure tuition payment is on time via mail. **After the 5<sup>th</sup> of each month, a \$10.00 late fee will be applied to my tuition payment.** There is a \$20.00 charge for all returned checks. **Post-dated checks will not be accepted.**

Signature \_\_\_\_\_ Date: \_\_\_\_\_

SEPTEMBER: \$ \_\_\_\_\_

PAID:  CASH  CHK # \_\_\_\_\_

YEARLY AMT: (X 9 + ½ June+20% Discount): \$ \_\_\_\_\_

PAID:  CASH  CHK # \_\_\_\_\_

REGISTRATION FEE: \$ \_\_\_\_\_

\$10.00 IND  \$15.00 FAMILY

TOTAL AMOUNT PAID: \$ \_\_\_\_\_