



2017-2018 Enrollment Form

This form must be completed in its entirety by Parent/Guardian in order for your dancer to register. Please print clearly.

Dancer's Name _____ Birth date _____ Age _____ M / F

Address _____
Street Town ZIP

Home Phone _____ E-Mail _____

Father's Name _____ Work Phone _____ Cell _____

Mother's Name _____ Work Phone _____ Cell _____

Class(es): _____
Class/Day Class/Day Class/Day

Yearly Tuition: *a total of four tuition payments for the dance year for all performing recital classes*

- 30 Minute Class**
\$460/year, \$115 each tuition payment
- 45 Minute Class**
\$500/year, \$125 each tuition payment
- 60 Minute Class**
\$520/year, \$130 each tuition payment
- 75 Minute Class**
\$540/year, \$135 each tuition payment

- First Payment (due at registration)**
Plus: \$25 family registration fee
- Second Payment (due week of Nov 6th)**
Plus: \$40 non-refundable costume deposit per class, if applicable.
Costume balance due Feb. 20th.
- Third Payment (due week of Jan. 8th)**
- Final Payment (due week of Mar. 12th)**

Session Class Tuition
Non-performing 9-week sessions.
Payment (due at registration)
 \$135 first class
 \$125 add'l class (dancer or sibling)

NOTES:
 Each additional class or sibling class, deduct \$10 from quarterly tuition.
 Performing teams have different pricing.
 Call 203-445-8090 for more information

EMERGENCY INFORMATION			
Emergency Contact	Name _____	Phone _____	
Doctor	Name _____	Phone _____	

I am responsible for all tuition payments in accordance with the tuition payment schedule as noted above. I acknowledge that a \$10 late fee will be added if tuition has not been paid by dates noted above, and a \$25 fee will be charged for any returned check. The \$25 one-time yearly registration fee is non-refundable. Tuition can only be refunded on a pro-rated basis up until the 3rd class in that session or the 3rd week in the dance school. When enrolled in performing classes, a \$40 non-refundable costume deposit is required with my 2nd tuition payment. All costume balances are due on or before Feb. 22nd. With the exception of gross negligence, I shall waive, release and agree to defend, indemnify and hold harmless Studio D Center for Performing Arts LLC, its representatives, agents and/or employees, invitees and patrons from and against any and all claims or demands for injuries and related damages, losses, expenses, including reasonable attorney's fees, which may be suffered in connection with, caused by arising out of or resulting from my or said child(ren)'s use of the facilities. It is hereby acknowledged that Studio D Center for Performing Arts LLC reserves the right to use the names of myself and said child(ren) and/or any photographs taken at the facility for purposes of publication, advertising or samples of its services to be shown to prospective clients, on its website, or on social media sites.

Parent or Guardian Signature _____ Print Name _____ Date _____

Mail to: Dona Wassell, 102 Gay Bower Road, Monroe, CT 06468. Phone: 203-445-8090
Kindly make all checks payable to "Studio D." A \$25 fee will be charged on any returned check.