

Full Circle Dance Center

Registration Form

Session/Year _____

Student: _____ Birthdate: _____ Age: _____

Parent (Guardian) Names: _____

Address: _____

Primary and Secondary Phone Numbers: _____

Emails _____ How did you hear about us?: _____

Please list any social, intellectual, developmental or learning challenges/concerns as well as any allergies or medical conditions so we can ensure the best dance education possible for all of our students:

Class/Level: _____ Day: _____ Time: _____ Tuition: _____

Class/Level: _____ Day: _____ Time: _____ Tuition: _____

Class/Level: _____ Day: _____ Time: _____ Tuition: _____

Class/Level: _____ Day: _____ Time: _____ Tuition: _____

Class/Level: _____ Day: _____ Time: _____ Tuition: _____

Class/Level: _____ Day: _____ Time: _____ Tuition: _____

Class/Level: _____ Day: _____ Time: _____ Tuition: _____

Class/Level: _____ Day: _____ Time: _____ Tuition: _____

Semi Total: _____

*10% discount for 3 or more classes per family (if paid in full by first class)

*Unlimited Plan per student per session \$1000 - Unlimited Plan per family per session \$1500 Discount: _____

*Discounts do not apply to Unlimited Plan - Competition Team fees not included in Unlimited Plan

Total: _____

Office Use Only: Check _____ Credit Card _____ Cash _____ Zelle _____

I hereby release Full Circle Dance Center, its staff, and/or volunteers from any and all liability of any kind such as injuries, damage or loss as a result of participation in any or all activities connected or associated with Full Circle Dance Center.

- I give permission for my child/myself to be photographed and/or videotaped to be used for purposes such as publicity, advertising, social media and/or dance instruction.
- No refunds will be issued after the first day of the current session. Tuition cannot be reimbursed for absences. NSF check fee \$25.
- I am responsible for the payment of all costumes (\$25/costume) whether or not my child/myself performs.
- Payment plans can be arranged with a 20% deposit.
- I understand and will adhere to all the rules and expectations listed in the "Rules and Expectations" packet provided to you..
- **75 min. \$240. 60 min. \$220, 45 min. \$200, 30 min., 30 min. \$140 *** Unlimited Plan \$1000/Student or \$1500/Family**

I agree to adhere to the above stated policies, separate "Student/Parent Expectations" Handbook, and claim release:

Signed: _____ Date: _____