



Family Registration Form 2021-2022

Student #1

Name: _____ Age: ____ Date of Birth: _____

School: _____ Grade: _____

Classes to be enrolled in (be sure to include level):

1. _____ 5. _____

2. _____ 6. _____

3. _____ 7. _____

4. _____ 8. _____

Student #1 total hours of class: _____ Number of performing classes: _____

Student #2

Name: _____ Age: ____ Date of Birth: _____

School: _____ Grade: _____

Classes to be enrolled in (be sure to include level):

1. _____ 5. _____

2. _____ 6. _____

3. _____ 7. _____

4. _____ 8. _____

Student #2 total hours of class: _____ Number of performing classes: _____

Student #3

Name: _____ Age: ____ Date of Birth: _____

School: _____ Grade _____

Classes to be enrolled in (be sure to include level):

1. _____ 5. _____

2. _____ 6. _____

3. _____ 7. _____

4. _____ 8. _____

Student #3 total hours of class: _____ Number of performing classes: _____

Student #4

Name: _____ Age: ____ Date of Birth: _____

School: _____ Grade: _____

Classes to be enrolled in (be sure to include level):

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

Student #4 total hours of class: _____ Number of performing classes: _____

Student #5

Name: _____ Age: ____ Date of Birth: _____

School: _____ Grade: _____

Classes to be enrolled in (be sure to include level):

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

Student #4 total hours of class: _____ Number of performing classes: _____

Total Family hours: _____ # of Performing classes: _____

Student (s) Name: _____

***Primary Contact:** _____ Relationship to student: _____

**This person will receive all invoices, notices, announcements, etc.*

Mailing address: _____

City: _____ State: ____ Zip: _____

Home phone: (____) _____

Cell phone: (____) _____

Email (required for billing): _____

Additional Contact: _____ Relationship to student: _____

Mailing address (if different from primary contact): _____

City: _____ State: ____ Zip: _____

Home phone: (____) _____

Cell phone: (____) _____

Email: _____

Dancer's Name:

Class Names:

Payment Schedule (based on classes registered for and estimated Recital Costume fees)

Due at Registration: Tuition Payment 1: _____ + Registration Fee _____ ±balance/credit _____ = _____
(\$20, \$35, \$45)

Check # _____ Cash _____

Due Oct. 7: Tuition Payment 2: _____ + 1st of 4 costume payments: \$15 X # of performing classes: _____

Due Nov. 4: Tuition Payment 3: _____

Due Dec. 7: Tuition Payment 4: _____ + 2nd of 4 costume payments: \$15 X # of performing classes: _____

Due Jan. 6: Tuition Payment 5: _____

Due Feb. 7: Tuition Payment 6: _____ + 3rd of 4 costume payments: May differ from 1st payment

Due Mar. 7: Tuition Payment 7: _____

Due Apr. 7: Tuition Payment 8: _____ + 4th of 4 costume payments: May differ from 1st payment

I, the undersigned, acknowledge that I have read the policies and procedures outlined in the welcome letter, that I understand and agree to adhere to the studio policies and procedures, that I agree to adhere to the payment schedule outlined above, and that I have discussed with my physician the dance program and physical and/or emotional illnesses or injuries I or my child have. I agree to be solely responsible for any and all costs, damages, and expenses incurred by me and/or my child as a result of any injury sustained from participation in any classes taken at A Dancer's Reflection. I further agree not to hold A Dancer's Reflection and its instructors responsible in any way for such injury.

Parent/Guardian Name (please print): _____

Signature: _____ **Date:** _____

I have received the anti-bullying policy

Signature: _____ **Date:** _____