



Family Registration Form 2024-2025

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: _____ Total# 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: _____

Cell phone: (____)_____ OK to text? Yes or No (please circle)

Email (required for billing): _____

Additional Contact: _____ Relationship to student: _____

Mailing address (if different from primary contact): _____

City: _____ State: ____ Zip: _____

Cell phone: (____)_____ OK to text: Yes or No (please circle)

Email: _____

Copy This Page for the Dancer's Family

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 ____ Credit Card ____

Due Oct. 7: Tuition Payment 2: ____ + 1st of 4 costume payments: \$17.50 X # of performing classes: ____

Due Nov. 7: Tuition Payment 3: ____

Due Dec. 5: Tuition Payment 4: ____ + 2nd of 4 costume payments: \$17.50 X # of performing classes: ____

Due Jan. 9: Tuition Payment 5: ____

Due Feb. 6: Tuition Payment 6: ____ + 3rd of 4 costume payments: \$17.50 X # of performing classes or
Balance due: ____

Due Mar. 6: Tuition Payment 7: ____ + \$6.00 per dancer Recital Fee. Max. \$18/family ____

Due Apr. 7: Tuition Payment 8: ____ + 4th of 4 costume payments: Balance due: unable to determine

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:** _____