

REGISTRATION FORM

Session: **Fall** - Mid Season - Summer

Student Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cellular/Pager(s): _____

Email address(es): _____

Birthdate: _____ Age: _____ School: _____ Grade: _____

Parent Name(s): _____

Place of employment: _____ Work phone: _____

Emergency contact: _____ Emergency Phone: _____

How did you hear about Curtain Call? Please check one

- Referral (name please-our referral program rewards those who recommend us) _____
- Dance Performance (Where?) _____
- Website Direct Mail School Flyer Yellow Pages Other _____

WAIVER OF LIABILITY (please read carefully!)

I, _____, as parent or legal guardian of _____, give my permission for my child to participate in Curtain Call Dance classes. I am aware that any activity involving movement has risks. I understand that care will be taken to create the safest possible environment in which my child can learn. Prevention is the key to success, and all participants will be expected to follow all safety rules. I HEREBY WAIVE AND RELEASE any and all claims against Dance Moms, Inc. dba Curtain Call Studio for Performing Arts, the directors, teachers, and any one or more of their assigns of and from any liability resulting from injury as a result of my child participating in this activity.

I have received a copy of the student handbook & agree to abide by established policies and procedures as listed in the handbook. I also understand that payment is expected when services are rendered. Balances are due the first business day of each month for upcoming classes & balances not paid by the 5th of each month are assessed a 10% late fee. Balances 30 days past due will result in dancer 's non-participation in class. In the event collection efforts are necessary, parent or guardian will be held liable for all collection fees, including but not limited to court and legal fees. CCSPA reserves the right to use photographic images for promotional purposes.

Parent or Guardian Signature _____

Date _____

Class Choices			
Class	Day	Time	Price

↓ OFFICE USE ONLY ↓

Registration Payment	\$ _____		
Tuition Payment	\$ _____		
Other	\$ _____		
TOTAL \$ _____			
Registration Date: _____ by _____			
Cash	Check	Credit Card	posted
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you register for an incorrect class OR a class that has been filled, we will inform you within the student evaluation period and receive a written class confirmation.
To reserve your space in class, registration fee AND first month's tuition are recommended.

