

How did you hear about us?*

Referral Name:

Family Information

Family Name:*

Home Address: *

City:*

State:*

Zipcode:*

Home Phone #:*

Emergency Contact:*

Name:*

Note: Other than a Parent

Contact #1

Phone:*

First Name:*

Last Name:*

Relationship:*

Circle

Home Phone:*

Work #:

Mother

Father

Cell Phone:*

Email:*

Guardian

Other

Employer:

Other: ?*

Contact #2

First Name:*

Last Name:*

Relationship:*

Circle

Home Phone:*

Work #:

Mother

Father

Cell Phone:*

Email:*

Guardian

Other

Employer:

Other: ?*

Student Information

First Name:*

Last Name:*

Birthdate:*

 / / (mm/dd/yyyy)

Cell Phone:

Email:

School:

Grade Level:

Allergies:

Medication(s):

Please Check Upon Reading and Agreeing

- A one-time non-refundable annual registration fee of \$40 is due at the time of registration. Payments are due on the 1st or each month made primarily online by auto billing (monthly) with secondary options (approval req'd) for payments by check or cash.
- Summers Academy of Dance reserves the right to cancel any class with insufficient registration working with each parent to provide advanced notification, offer alternative class schedule options, and/or applying the remaining tuition balance as a credit towards enrollment in a different class.
- I release and hold harmless the Summers Academy of Dance, its owners, and operators from any liability for injuries sustained by the student while attending the school.
- I give permission to Summers Academy of Dance to seek emergency medical treatment in the event they are not able to reach a parent or guardian.
- In the event that Summers Academy of Dance, Berkshire Ballet Theatre® or Starr Dancers® has the student's participation recorded on film, videotape, or photographed for presentation on television, in printed material, or elsewhere; I hereby expressly provide my consent to its use.

Credit Card Info

Name as it appears on the card:*

Card #:*

Expires:*

 /

Zipcode:*

Address:*

City:*

Signature:*

Date:*

 / /

Class Information

Classes:*

Day of the Week:*

Time:*

Classes:*

Day of the Week:*

Time:*

Additional Class Information as Needed

Classes:* Day of the Week:* Time:*
 Classes:* Day of the Week:* Time:*

For Office Use Only		Client Payment Information Record	
Month	Date Paid	Amount Paid	Type of Payment
Non-Refundable Registration Fee	/		() Check # _____ () Charge () Cash % Discount(\$ _____) Type _____
August	/		() Check # _____ () Charge () Cash % Discount(\$ _____) Type _____
September	/		() Check # _____ () Charge () Cash % Discount(\$ _____) Type _____
October	/		() Check # _____ () Charge () Cash % Discount(\$ _____) Type _____
November	/		() Check # _____ () Charge () Cash % Discount(\$ _____) Type _____
December	/		() Check # _____ () Charge () Cash % Discount(\$ _____) Type _____
January	/		() Check # _____ () Charge () Cash % Discount(\$ _____) Type _____
February	/		() Check # _____ () Charge () Cash % Discount(\$ _____) Type _____
March	/		() Check # _____ () Charge () Cash % Discount(\$ _____) Type _____
April	/		() Check # _____ () Charge () Cash % Discount(\$ _____) Type _____
May	/		() Check # _____ () Charge () Cash % Discount(\$ _____) Type _____
June	/		() Check # _____ () Charge () Cash % Discount(\$ _____) Type _____
July	/		() Check # _____ () Charge () Cash % Discount(\$ _____) Type _____