

REGISTRATION FORM

DUNAMIX DANCE CLASSES

TODAYS DATE: _____

STUDENTS NAME: _____ BIRTH DATE: _____ AGE: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PARENT OR GUARDIAN (IF STUDENT IS A MINOR): _____
(FIRST AND LAST NAME(S) PLEASE)

PHONE NUMBERS- (PLEASE INCLUDE AREA CODE AND WHOSE MOBILE AND WORK NUMBERS) THANK YOU!

HOME : _____ MOBILE: _____ WORK: _____

EMAIL: _____

IN CASE OF EMERGENCY CONTACT: _____

RETURNING STUDENT (WAS ENROLLED IN PREVIOUS SEASON) _____

OF YEARS WITH DUNAMIX DANCE _____

NEW STUDENT _____ (IF NEW, PLEASE CHECK BELOW)

OFFICE USE ONLY

DATE: _____ NO. OF CLASSES _____

TUITION DUE: _____ AMOUNT OF PAYMENT _____

CHECK#: _____ CASH: _____

WHERE DID YOU HEAR OF DUNAMIX DANCE

PREVIOUS DANCE EXPERIENCE (# OF YEARS/WHERE) _____

(PLEASE SIGN POLICY AGREEMENT BELOW)

I, THE UNDERSIGNED, UNDERSTAND ACCORDING TO THE STUDIO POLICY THAT PAYMENTS FOR TUITION ARE DUE THE FIRST OF EACH MONTHS'S CLASSES. I ALSO UNDERSTAND THAT THESE LESSONS ARE ON A CALENDER MONTHLY TUITON BASIS AND THEREFORE CANNOT BE PRO-RATED. I UNDERSTAND THAT THE STUDIO DOES NOT OPERATE ON HOLIDAYS AND ON CERTAIN DAYS AS DETERMINED BY THE STUDIO SCHEDULE, WHICH CANNOT BE DEDUCTED FROM TUITON CHARGES . IN ADDITION , THERE IS A LATE FEE OF \$15.00 IF TUITION IS NOT PAID BY THE 10TH OF THE MONTH . I UNDERSTAND THAT MY CHILD WILL NOT BE PERMITTED TO PARTICIPATE IN CLASS IF TUITION IS NOT PAID BY THE 10TH AND THAT MY CHILD'S PLACE IN CLASS WILL NOT BE HELD AFTER THAT TIME. I UNDERSTAND THAT INJURY CAN HAPPEN WHILE STUDENT'S ATTEND CLASS. I HOLD NICOLE AND FRANK THOMAS AND ALL OF THE DUNAMIX STAFF NOT LIABLE FOR INJURIES THAT COULD OCCUR. I UNDERSTAND THAT PAYMENT FOR ANY INJURIES IS THE REPONSIBILITY OF THE STUDENTS AND/ OR THE STUDENTS PARENTS.

SIGNATURE OF PARENT

DATE