

REGISTRATION FORM

Please print clearly to fill out your registration form and update us with any changes in the future.



DANCER INFORMATION

First Name:	<input type="text"/>	Last Name:	<input type="text"/>
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male	Birth Date:	<input type="text"/> M <input type="text"/> M <input type="text"/> / <input type="text"/> D <input type="text"/> D <input type="text"/> / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/>
Home Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/> <input type="text"/> Zip Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Home Phone:	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Medical conditions and/or special circumstances	<input type="text"/>		
How did you hear about us?	<input type="text"/>		
Previous dance experience	<input type="text"/>		

PARENT INFORMATION (Primary Contact)

First Name:	<input type="text"/>	Last Name:	<input type="text"/>
Email Address:	<input type="text"/>		
Home Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/> <input type="text"/> Zip Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Home Phone:	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Notes: <input type="text"/>	
Mobile Phone:	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

PARENT INFORMATION (Secondary Contact)

First Name:	<input type="text"/>	Last Name:	<input type="text"/>
Email Address:	<input type="text"/>		
Home Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/> <input type="text"/> Zip Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Home Phone:	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Notes: <input type="text"/>	
Mobile Phone:	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

Continue to next page



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EMERGENCY CONTACT INFORMATION (other than parents)

First Name:	<input type="text"/>	Last Name:	<input type="text"/>
Email Address:	<input type="text"/>		
Home Phone:	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Notes:	
Mobile Phone:	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

CLASS INFORMATION

	Class Name	Day of Week	Start Time	End Time	Monthly Tuition Fee
1.	<input type="text"/>				
2.	<input type="text"/>				
3.	<input type="text"/>				
4.	<input type="text"/>				
5.	<input type="text"/>				
6.	<input type="text"/>				
7.	<input type="text"/>				
8.	<input type="text"/>				
9.	<input type="text"/>				

Total monthly tuition Fees:

CALCULATING YOUR MONTHLY TUITION

Length of Dance Class	Tuition
Annual Registration Fee	\$35 One Child (Returning)
	\$45 One Child (New)
	\$45 Whole Family (Returning)
	\$55 Whole Family (New)
30 minute class	\$50 per month
45 minute class	\$68 per month
60 minute class	\$74 per month
75 minute class	\$92 per month
90 minute class	\$110 per month
Unlimited Classes (One Child)	\$350 per month
Unlimited Classes (Whole Family)	\$475 per month

I have completed all of the necessary documents to enroll my dancer. I understand the personal and financial responsibilities associated with registering at Deborah Messinger School of Dance. I have obtained, read and agreed to the terms, conditions and waivers set forth by Deborah Messinger School of Dance prior to attending classes.

Parents/Guardian Signature

Date

PRE-AUTHORIZED DEBIT (PAD)

Please print clearly



Deborah Messinger School of Dance is an honest and transparent company. That means NO hidden fees, NO surprise fees and the confidence and clarity you need before committing your child to our progressive dance program. Before you register, we take the time to help you understand your financial commitment involved in being a part of our dance studio.

Fill out credit card details:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Credit Card Number - (16 digits)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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CSV - (3 or 4 digits)

Cardholder's full name as it appears on the card

Cardholder's Signature

Date

Cardholder's Information

First Name Last Name

Email

Address

City

State

Zip Code

Cardholder's Relation to Dancer

Payment Details - September through June

Amount	<u>Monthly</u> Frequency	<u>of the month</u> Process Date - <i>Select any day between the 1st-7th.</i>	<u>10</u> No. of Payments
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I authorize Deborah Messinger School of Dance to charge my credit card as outlined in the payment terms of this agreement.

This authority is to remain in effect until Deborah Messinger School of Dance has received written notification from me/us of its change or termination. This notification must be received at least 14 days before the next charge is scheduled at the address provided below. No refunds will be issued.

In difficult times, one may call the office by the 15th of the month in order to hold next month's payment.

Cardholder's Signature

Date

Please return this form immediately to:

Deborah Messinger School of Dance • 584 NE Burnside Rd • Gresham, OR 97030
deborahmessingerschoolofdance.com • (503) 661-6948 • 5678dnrcr@gmail.com