

**GOLDEN SLIPPERS DANCE ACADEMY
REGISTRATION FORM**

STUDENT NAME(S):

FULL NAME: _____/_____/_____
(LAST) (FIRST) (MIDDLE)

BIRTHDATE: ___/___/___ AGE: _____
MO/D/YR

FULL NAME: _____/_____/_____
(LAST) (FIRST) (MIDDLE)

BIRTHDATE: ___/___/___ AGE: _____
MO/D/YR

STREET ADDRESS: _____

HM PHONE #: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CELL PHONE #: _____

MOTHER'S NAME: _____

WK PHONE #: _____

FATHER'S NAME: _____

WK PHONE #: _____

EMAIL ADDRESS: _____

PAST DANCE EXPERIENCE:

SCHOOL ATTENDED	TYPE OF DANCE	NUMBER OF YEARS

Does your child have any disabilities? _____ If so, please describe so we may better serve your child's needs: _____

I, _____, understand that I am responsible for the monthly payments that have been established. These monthly payments are due by the 10th of the month, thereafter there will be a late fee of \$10.00 incurred. (If you decide to discontinue taking classes—You must let us know in writing 30 days prior. If no notice is given, you will be responsible for the entire month.) Also, a costume deposit of \$60.00 for each class that the student is enrolled in is due by November 1st. A \$10.00 late fee will be incurred for each costume deposit not paid by the December 1st. The costume balance will be due by March 15th. We will give you a notice of this amount in February. There will be 10 monthly payments due for the months of September through June. Tuition, Registration Fees and costume deposits are NON-REFUNDABLE. You also acknowledge that you have received, read and will comply with the rules stated in the policy manual.

TODAY'S DATE: _____

PERSON RESPONSIBLE FOR BILL: (Please print name) _____

SIGNATURE: _____

GOLDEN SLIPPERS REPRESENTATIVE'S SIGNATURE: _____

OFFICE USE ONLY

CLASS(ES) TAKING: (DAY/TIME/TYPE)-USE BACK FOR MORE

REG. FEE PAID: YES NO AMOUNT PAID: _____