

**GOLDEN SLIPPERS DANCE ACADEMY
SUMMER 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.) ***The following is pertaining to the fall session.*** Also, a costume deposit of \$70.00 for each class that the student is enrolled in due by November 1st. A \$10.00 late fee will be incurred for each costume deposit not paid by November 15th. The costume balance will be due by March 15th. We will give you a notice of this amount in February. Tuition is a yearly fee paid in 10 monthly payments September through June. 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: _____

PLEASE CIRCLE THE CLASS(ES) THAT YOU ARE INTERESTED IN TAKING ON THE BACK OF THIS FORM. PLEASE MAIL THIS FORM TO 2924 N. LYNNHAVEN ROAD, VIRGINIA BEACH, VA 23452 OR DROP IT OFF DURING REGISTRATION.