

My total payment included is:

Registration = \$ ____.
+
1st month's tuition = \$ ____.
Total Due Now = \$ ____.



Please send registration to:
Dance Through the Ages
351 SW 136th Avenue, #104
Davie, FL 33325
(Please include registration
fee & first month's tuition
made payable to:
Dance Through the Ages)

2016-2017 Dance Season Registration

Student's Name: _____ Age: _____

Birthdate: _____ School: _____

Address: _____ City/Zip: _____

Parent(s) Name(s): _____

Phone Number(s): _____ Email: _____

Please list the class title/day/time you are registering for: *If more than 4, please list on the back.

Class #1: _____ Day/Time: _____

Class #2: _____ Day/Time: _____

Class #3: _____ Day/Time: _____

Class #4: _____ Day/Time: _____

Please read & sign below:

- I understand that tuition payments are due by the first of every month.
- I understand that if tuition is not paid by the 7th of the month, I may incur a \$10.00/week late fee.
- I understand that if tuition is unpaid by the 15th of the month, my child may not be able to participate in classes, although I will be responsible for full payment of that month.
- I understand that the registration fee is non-refundable.
- I understand that there are no credits or refunds given for missed classes or absences.
- I understand that if classes are canceled due to studio events, holidays, weather, etc. I am responsible for bringing my child to a make-up class. I understand that there will not be any refunds or credits applied, no exceptions. Make-ups must be completed within one month of absence.
- I understand that I must notify the dance instructor if my child will be absent for an extended period of time, equal to one month or more. Without notification, I may be responsible for an additional registration fee in order to hold my child's placement in class. I am still responsible for payment for any missed classes due to an extended absence. My child may attend make-up classes instead.
- I understand that dance is a physical activity, and will not hold Dance Through the Ages and/or DTTA staff or instructors responsible for any injury that may occur during normal class activity.
- I understand that I must arrive at the conclusion of my child's class every week.
- I understand that for every 10 minutes that an instructor must wait with my child past the conclusion of class time, I will be charged \$10.00, due at the time of pick-up in cash.
- I understand that tuition is based on a season of classes and broken into monthly payments. Everyone will receive the same number of classes for the school year. Holidays and breaks have already been factored into the tuition count.
- I understand that all pictures taken of dancers during class, performances, etc. is Dance Through the Ages property, and may be used for advertising, display, etc. including use by approved DTTA photographers.
- I understand that there is a \$25.00 returned check fee.

Parent Signature

Date

Office Use

Received: R. ____ FMT. ____ P. ____ B. ____

Class: _____