

REGISTRATION FORM

Please return this form with a \$20.00 registration fee, or \$25.00 per family.

Carmarie's Dance Studio (Office)
800 Ellicott Creek
Tonawanda, NY 14150
(Home) 695-0585 (Studio) 695-6558

New Student _____

Returning _____

Name of Student _____

Last _____ First _____ Middle _____

Address _____

Street _____

City _____ State _____ Zip Code _____

Home: _____ Cell: _____ Phone Contact(s): _____ E-mail: _____

Age _____

Actual _____ Month / Day / Year _____

Please indicate (X) which class(es)
You are interested in attending:

Acro _____ Hip-Hop _____ Pointe _____
Ballet _____ Jazz _____ Tap _____
Cheerdance _____ Lyrical _____

Please list any medical condition that the Studio should be aware of:

Referred by: _____

Financial Obligations: By signing below, I am financially responsible for payment of this account, and agree to make all payments on a timely basis. The registration and costume deposits are non-refundable with terms. I also agree to the \$20.00 service charge if the bank should return any of my checks. In addition, I understand my account will be charged a \$5.00 late fee for any tuition payment received after the 15th of any given month. Should my account become delinquent beyond 2 months, the registered student(s) may be asked to discontinue their dance lesson.

Parental Consent: My child and I are aware that participating in dance is a potentially risky activity. I assume all risks associated with participation in any dance class, included, but not limited to, falls, contact with other persons, and any other reasonable risk condition associated with dance. All such risks to my child/self are known and understood by me.

Print Mother's / Guardian Name: _____

Print Father's / Guardian Name: _____

Signature: _____ Date: _____

Office Use Only:

