THE DANCE CENTER – REGISTRATION FORM – 2009-2010

One registration form per student.

Parent/Guardian _____

Student_____Age_____Date of Birth_____

Mailing Address _____

City _____State _____ Zip _____

Work Phone ( ) _____
Home Phone ( ) _____
Cell ( ) _____

Parents e-mail: __I__I__I__I__I__I__I__I__I__I__I__I__I__I__I__I__I__I__I__I__I__I__I__I

Class _____ Day _____ Time _____
2nd Choice Class _____Day _____ Time _____
Class _____ Day _____ Time _____
2nd Choice Class _____Day _____ Time _____
Class _____ Day _____ Time _____
2nd Choice Class _____Day _____ Time _____
Class _____ Day _____ Time _____
2nd Choice Class _____Day _____ Time _____
Class _____ Day _____ Time _____
2nd Choice Class _____Day _____ Time _____
Class _____ Day _____ Time _____
2nd Choice Class _____Day _____ Time _____

Students are placed in classes according to age and ability. If at any time the teacher feels that a student's placement is incorrect, you will be notified and the situation will be rectified. Our first priority is to place children where they will progress, with the day and time of the class secondary. Please try to be flexible with scheduling so your child can make the most of his or her dance experience.

In order to assure your child's spot in a class, please register early. Mail $25 per class and a $10 registration fee per family:

The Dance Center
98 Front St.
Winchendon, MA. 01475

Confirmation can be given by mail only if a stamped, self-addressed envelope is enclosed or send email to MissNancyDance@aol.com Please keep your own record of class title, time and day. Classes begin Tuesday, September 8

Tuition

1 hr. class per term.... $125.00 1.5 hr class per term....$170.00 Unlimited Classes ...$340.00 per term (3 or more classes)
These fees are based on a 12 week term. There are 3 terms in the year.
There are no refunds or credits for withdrawal from a class. Makeup classes are offered.
Tuition must be paid within 2 weeks of the semester. If not, a $5.00 fee will be added to your tuition.

Emergency information: Contact Name _____ Phone _____
Doctor _____ Phone _____

I, the adult applicant or I, the parent legal guardian of the applicant listed below, hereby give approval of the applicant's participation in any and all Dance Center programs and activities registered below. I do waive, release, absolve, indemnify and agree to hold harmless the organizers, sponsors, supervisors, participants and persons involved in the operation of The Dance Center, Inc. programs for any claims arising out of injury or other loss to named applicant or any member of his/her family whether as a participant in the activities or as a spectator. I understand every effort will be made to contact me, the contact person or the doctor. If we cannot be reached, I give my consent for the emergency room physician to treat myself, my child, or my family. I also give permission for The Dance Center, to take photos of me or my child to use for the website and for purposes of promoting the school.

Parent/Guardian Signature _____Date_____