

Registration Form for 2017–2018 Program

(Separate forms required for each student)

Student's Name _____

Age _____ Birth date _____

Parent's Name _____

Email _____

Home Phone _____ Work _____ Mobile _____

Mailing Address _____ City _____ Zip _____

____ Student is *currently* enrolled. Please change registration to the classes indicated below.

____ Student is *not* currently enrolled. Please register in the classes indicated below.

Location	Class Type	Level	Day(s) & Time(s)
_____	_____	_____	_____

Class Start Date _____

How did you find out about our Program? Yellow Pages Neighborhood/Community Newsletter Friend
 D.A. website Kids Directory Child previously enrolled Received information in the mail Drove by and saw sign
 Flyer from child's school—school name _____ Other _____

Contractual Agreement

I understand that my child is enrolled with Dance Associates Austin, Inc, and I am responsible for tuition as listed in the current class schedule, until I notify the Dance Associates Austin , Inc. office directly by phone or mail that my child is discontinuing classes. I understand that every precaution is taken to secure the safety of each student; however, I agree to release Dance Associates Austin, Inc. from any liabilities. I understand that no credits, refunds, or adjustments in tuition will be made for absences or vacations; however, students may make up an absence by attending another class for the same age group. I agree to pay the monthly tuition as listed in the current class schedule by the first of each month and understand that there is a \$5 Late Fee if the tuition is not paid in full by the 15th of the month. **I agree to read and abide by all Dance Associates Austin, Inc. policies. I understand that Dance Associates Austin, Inc. may photograph or videotape students, and that these are for promotional reasons and are the sole property of Dance Associates Austin, Inc. I have included with this form the \$10 Annual Registration Fee and a full month's tuition (not applicable to current students).**

Parent Signature

Date

**You can request a pay pal invoice that you can pay online by
calling 512 323-6013, or
by emailing DanceAssociatesAustinInc@realtime.net**

**or mail your payment and registration to:
Dance Associates Austin, Inc.
PO Box 302020
Austin, Texas 78703**