

Registration Form for 2019-2020 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 at: _____

____ Please add an additional class _____

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. I agree to pay the monthly tuition as listed in the current class schedule by the first of each month. **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.**

Parent Signature

Date

**You will receive a pay pal invoice each month that you can pay online by
at the email address you listed above in the registration form.
or you can mail your payment and registration to:**

Dance Associates Austin, Inc., 100 E. Whitestone Blvd. Ste.148-215, Cedar Park, Texas, 78613