

# ARTISTIC DANCE CONCEPTS

## REGISTRATION FORM

Registration Fee \_\_\_\_\_ Date Pd. \_\_\_\_\_ Method of Pmt \_\_\_\_\_

(check-cash-credit card) – (\$30 --\$50 for two students per family--\$75 for 3 or more students in a family.)

Student's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Name(s) of Parent/Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_

Mother Phone \_\_\_\_\_ Father Phone \_\_\_\_\_

Email \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_

Emergency Contact Name/Phone \_\_\_\_\_

Doctor Name/Phone \_\_\_\_\_

**How did you hear about Artistic Dance Concepts?**

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> S.W. Bell Yellow Page Ad | <input type="checkbox"/> Newspaper Ad     | <input type="checkbox"/> Saw a performance | <input type="checkbox"/> Day Care Center |
| <input type="checkbox"/> Magazine Ad              | <input type="checkbox"/> Post Card Mailer | <input type="checkbox"/> Flyer             | <input type="checkbox"/> Drive by        |
| <input type="checkbox"/> Friend _____             | <input type="checkbox"/> Other _____      |  |  |

→ I have read ADC's Rules and Policies and I accept and agree with them. Furthermore, I hereby release ADC and its agents or representatives of liability for any person injury to any student arising out of participation in class or incurred while on the premises of ADC. In the event of a medical emergency, I authorize the agents of ADC to their discretion in securing treatment for a student as deemed necessary under the circumstances. I understand every effort will be made to contact a parent/guardian or the emergency contact should the parent/guardian of the student not be available under such circumstances.

Signature of Parent or Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

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**PORTION TO BE FILLED OUT BY OFFICE\***

Credit Card #			Exp Date	
Class Number	Day of Week	Class Description	Class Time	Total Class Hr.
<b>Mo. Tuition\$</b>		<b>Special Notes:</b>		

## Artistic Dance Concepts Credit Card Waiver

I, \_\_\_\_\_, give ADC my full permission to charge my card on file for the full amount of tuition owed, if I have not already paid my monthly bill on or before the 9<sup>th</sup> of each month. I understand that tuition is due on the 1<sup>st</sup> of each month and late on the 5<sup>th</sup>. I also understand that I may continue to pay my tuition with cash or check as long as my payment is made before the 9<sup>th</sup> of each month; otherwise my credit card on file will be charged instead. If I am not giving my credit card information, I understand that I must pay tuition a full month in advance. Ex: in August upon registration I will pay for both August and September tuition.

X \_\_\_\_\_ Date \_\_\_\_\_

Credit Card Information- Not to be seen by anyone besides ADC Management-  
Card # \_\_\_\_\_

EXP Date \_\_\_\_\_

Type of Card----MC----Visa

Security Code \_\_\_\_\_

Name of Card \_\_\_\_\_

Billing address of card \_\_\_\_\_

### FALL

REG FEE	
AUG	
SEPT	
OCT	
NOV	
COST	
DEC	
JAN	
CONCER	
FEB	
BALLET	
MARCH	
REVUE	
APRIL	
MAY	
CONVEN	
COMP	

### SUMMER

REG FEE	
BALLET	
WEEK 1	
WEEK 2	
WEEK 3	