



# FALL REGISTRATION 2019

STUDENT FULL NAME \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_

ALLERGIES/MEDICAL CONDITIONS \_\_\_\_\_ M/F \_\_\_\_\_

PARENT/GUARDIAN 1 \_\_\_\_\_ PARENT/GUARDIAN 2 \_\_\_\_\_

EMAIL #1 \_\_\_\_\_ EMAIL #2 \_\_\_\_\_

CELL #1 \_\_\_\_\_ CELL #2 \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ CELL \_\_\_\_\_

CLASS NAME \_\_\_\_\_ DAY/TIME \_\_\_\_\_ TUITION \_\_\_\_\_

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CLASS NAME \_\_\_\_\_ DAY/TIME \_\_\_\_\_ TUITION \_\_\_\_\_

CONTINUED ON BACK

**REGISTRATION FEE WAIVED BEFORE AUGUST 17 (\$30 AFTER)**

**TOTAL TUITION \$ \_\_\_\_\_**

**MULTIPLE CLASS DISCOUNT**

**(4 CLASSES 10%, 5 CLASSES 15%, AND/ OR 10% SIBLING DISCOUNT)**

**DISCOUNT \$ \_\_\_\_\_**

**PAY IN FULL \_\_\_\_\_ PAY MONTHLY \_\_\_\_\_ (CHECK ONE)**

**9 PAYMENTS OF \$ \_\_\_\_\_**

NAME ON CARD \_\_\_\_\_ VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_ (CHECK ONE)

CARD # \_\_\_\_\_ EXP DATE \_\_\_\_\_ CVV CODE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Upon registration, I as a parent or Guardian of the student at Visceral Dance Center(VDC), do hereby fully release and discharge VDC, their officers, faculty, and employees from any and all claims from injuries, damage, or loss which may incur on account of my child's participation in class. I understand that any pictures taken become property of VDC and may be used in future advertising, online and in print. I also understand that there is a no refund policy unless the class has been cancelled by Visceral Dance Center. I understand that there is a \$25 late fee on any payments that are declined or not paid by the due date. I also understand that there is a \$50 withdrawal fee. I agree to pay my tuition in full or in 9 monthly payments of \$ \_\_\_\_\_ or in full \$ \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

DATE \_\_\_\_\_

EXTRA CLASS REGISTRATION:

CLASS NAME_____	DAY/TIME_____	TUITION_____
CLASS NAME_____	DAY/TIME_____	TUITION_____
CLASS NAME_____	DAY/TIME_____	TUITION_____
CLASS NAME_____	DAY/TIME_____	TUITION_____