

Baker School of Dance Registration Form

Today's Date: ___/___/___

Student Name: _____ Age & Birthdate: _____

Student Name: _____ Age & Birthdate: _____

Parents Name: _____ HomePhone _____

Address: _____ Zip _____

E-mail address: _____ @ _____

Mom's Cell: _____ Dad's Cell: _____ Student Cell: _____

Class Enrolled:

#1 _____ Day _____ Costume _____

#2 _____ Day _____ Costume _____

#3 _____ Day _____ Costume _____

Total cost per month: \$ _____ Total Costume Fees Due by 11/15/2018 _____

Registration Fee: \$ _____ 25.00

_____ Please charge my MC/Visa the first week of the month. I understand that costume fees must be paid separately and will not be charged to my card.

Card # _____ Exp: ___/___/___ CRV # _____

_____ I will pay by check or cash the first week of each month

I have read and accept the rules of the school and dress code and will review them with my dancer. I have received the billing info and understand that tuition is due the first week of the month even if I do not receive a monthly bill. I will notify the studio in writing if my child stops attending classes. My child will respect classmates and instructors. My student will be dismissed from the studio if she/he is involved in ANY type of bullying, in or out of the studio. I will not hold the Baker School of Dance or any of it's' instructors responsible for any injury to my child while in class or while waiting for class, and understand that if my child is disrespectful or misbehaves that s(he) will be removed from the class.

I agree to the studio policies and monthly payment plan. Full policies on website.

Parent Signature: _____ Date: _____

