



Today's Date: ___/___/___

Student Name: _____ Birthdate: _____

Parents Name: _____ Home Phone _____

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 10/15/2019. _____

Registration Fee: \$ _____

_____ 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. Credit Card convenience fee \$5.00

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

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

I have read the rules of the school and have gone over 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 my payment booklet prior to the due date. 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.

Parent Signature: _____