



CINDY K'S DANCE STUDIO

2016 - 2017 REGISTRATION FORM

STUDENT NAME:

PARENT NAME:

ADDRESS:

TELEPHONE: **ALT TELEPHONE:**

BIRTHDATE: **AGE:** **GRADE:**

EMAIL ADDRESS:

CREDIT CARD NUMBER:

EXP DATE: **CVV:** **ZIP CODE:**

CLASS TIMES

- | | | |
|---|--|---|
| <input type="radio"/> BALLET/POINTE | <input type="radio"/> HIP HOP | <input type="radio"/> TECHNIQUE (FLEX/LEAPS/TURNS) |
| <input type="radio"/> LYRICAL/MODERN | <input type="radio"/> GYMNASTICS | <input type="radio"/> AFTER SCHOOL PROGRAM |
| <input type="radio"/> JAZZ | <input type="radio"/> SUPERTOTS | <input type="radio"/> COMPETITION TEAM |
| <input type="radio"/> TAP | <input type="radio"/> DRILL TEAM PREP | <input type="radio"/> ADULT CLASSES |

MON: **FRI:**

TUE: **ENROLLMENT DATE:**

WED: **REGISTRATION FEE:**

THUR: **TUITION DUE:**

Terms & Conditions: By signing below you are stating that you understand and will comply with the following: Parent understands and expressly assumes all risks involved in connection with dance instruction, rehearsal, and training at Cindy K's, including but not limited to risk of bodily injury occurring as a result of contact with people or equipment. I authorize CKDS staff over 18 years of age to administer proper attention in case of emergency. I am solely responsible for any medical costs resulting from personal injury. I fully understand that CKDS is a dance studio program and not a daycare service. I also give Cindy K's permission to use my child's name for advertising, publicity, or publication. Parent also understands that payment is due at time of service and that all costumes and program fees will be paid, even if student decides to drop during the school year. There are absolutely no refunds! I do realize that I must notify Cindy K's in writing by the 15th of the month preceding the month I plan to quit. I also understand since the spot is being held for me, I will be charged until a written statement that I will not be returning. Any fees collected will not be refunded. I understand payment is due by the 10th of each month or a late will occur. There is a \$25 fee for returned checks. I have received and understand all policies outlined in the Cindy K's handout. I will pay all balances incurred with Cindy K's Dance Studio and Performing Team.

Parent Signature: **Date:**