

Dance Year 9/2016 thru 6/2017

45 minute class	\$585.00
1 hour class	\$635.00
1:15 class	\$685.00
Costume Deposits per class	\$ 55.00

PAYMENT PLANS

A. Payment in Full - 5% Discount Applied (Good only thru 10/1/17)

\*Please note: If taking multiple classes, 5% discount will be applied to first class only...not total tuition cost! (Costume deposit NOT included in discount!!)

B. Two installments option: (\$55 Costume Deposit per class due at registration)

1. First Payment due at time of registration (includes costume deposit):

45 min. class	1 hour class	1:15 hr. class
\$347.50	\$372.50	\$397.50

2. Second Payment due on 12/1/2017:

45 min. class	1 hour class	1:15 hr. class
\$292.50	\$317.50	\$342.50

C. Five Month Payment Option: The first payment includes the first tuition payment as well as the \$55 Costume Deposit. All other payments are to be made the first week of every month. The last tuition payment will be made on February 1st, 2018.

First payment due at time of registration: (includes costume deposit)

45 min. class	1 hour class	1:15 hr. class
\$172	\$182	\$192

Monthly Payments thereafter:

45 min. class	1 hour class	1:15 hr. class
\$117	\$127	\$137

CLASS/CLASSES

DAY TIME

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

FOR OFFICE USE ONLY

TOTAL COST: \_\_\_\_\_  
 PAYMENT PLAN: \_\_\_\_\_  
 CASH: \_\_\_\_\_ CHECK # \_\_\_\_\_  
 CREDIT CARD: \_\_\_\_\_

ROOFTOP RHYTHMS DANCE STUDIO REGISTRATION FORM ~ 2017-2018

(To be completed by each applicant)

STUDENT INFORMATION

Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Grade: \_\_\_\_\_  
 Address \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

PARENT/GUARDIAN INFORMATION

Name: \_\_\_\_\_  
 Home Phone #: \_\_\_\_\_  
 Work Phone#: \_\_\_\_\_  
 Cell #: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 CC# \_\_\_\_\_  
 EXP DATE: \_\_\_\_\_

\*A valid Mastercard/Visa will be required to be kept on file

\*Your credit card will be charged the tuition due as well as a \$15 late fee for payments made 10 days after due date.

\*A \$30 fee will be charged for returned checks

I agree to allow Rooftop Rhythms Dance, Inc. to charge my credit card if payment is 10 days past due.

Signature: \_\_\_\_\_

EMERGENCY CONTACT

Name: \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Phone #: \_\_\_\_\_

MEDICAL INFORMATION

Does your child suffer from any allergies, physical limitations or health problems that we should be aware of? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\*Rooftop Rhythms is not responsible for injuries sustained or loss of property on their premises\*

Parent/Guardian

Signature \_\_\_\_\_