

Dance Year 9/2019 thru 6/2020

Class: \$685.00
Registration Fee: \$15/Student - \$25/Family
Costume Deposits per class: \$ 60.00
Sibling Discount: \$25 credit
Recital Fee: (Recital T-Shirt/Video-Due 10/1) \$50.00

PAYMENT PLANS

- A. Payment in Full -
Registration Fee will be waived. (Good only thru 10/1/19)
B. Five Month Payment Option:
The first payment includes the first tuition payment as well as the \$60 Costume Deposit.
Registration fee is not included.
All other payments are to be made the first week of every month: 11/1, 12/1, 1/1, 2/1
The last tuition payment will be made on February 1st, 2020.

Table with 5 columns: Classes, Tuition, Discount, 5 Monthly Pymts, 1st Pymnt. Rows 1-7 showing tuition and discount details.

**Please note: Discount (percentage) is based on tuition total,
The prices above reflect the discount!!

CLASS/CLASSES

Table with 3 columns: DAY (i.e. Monday), CLASS TYPE (Tap/Ballet), TIME (4:00). Rows 1-7 for class selection.

FOR OFFICE USE ONLY

TUITION:
COSTUME DEPOSIT:
REG.FEE:
TOTAL:
CHECK #: CASH CREDIT CARD

NO STUDENT WILL BE REGISTERED UNLESS ALL INFORMATION BELOW IS COMPLETE!

ROOFTOP RHYTHMS DANCE STUDIO REGISTRATION FORM ~ 2019-2020 (To be completed by each applicant)

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

PARENT/GUARDIAN INFORMATION

Parent Name:
Home Phone #:
Work Phone#:
Cell #:
E-mail:

PLEASE PRINT CLEARLY!!!

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.
*I WOULD LIKE MY CC ACCOUNT CHARGED MONTHLY YES NO
*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