

Diane Cournoyer Dance Center

REGISTRATION FORM 2018-2019 Session

STUDENTS NAME _____
(last) (first) (middle)

ADDRESS _____
(street) (town) (state) (zip)

PARENTS NAME _____ PHONE # _____ / _____
Best contact number to receive text messages & updates

AGE** _____ DATE OF BIRTH** _____
(person responsible for account if different than parent)

E-Mail address _____ (needed for updates and class information etc.)

Email for adult responsible for tuition _____

CLASS SELECTION FOR 2018-2019 SESSION

If new enrollment, complete the following:

1. How much dance experience does the student have and where? _____

2. How did you hear about Diane Cournoyer Dance Center? _____

SUBJECT	DAY/TIME	LENGTH OF CLASS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please use reverse side for additional classes if needed

TOTAL CLASS HOURS LISTED = _____

Amount of First Installment (see Payment Terms and Tuition Rates) \$ _____

Registration Fee: **\$20.00 Before July 31st - \$25.00 After July 31st** \$ _____

For credit card payment thru paypal (a processing fee of 3% will be added) \$ _____
 check box to be invoiced for paypal payments thru the year

Total Amount Due (make checks payable to Diane Cournoyer Dance Center) \$ _____

I have read the enclosed "Payment and Tuition Rates" and I agree to enroll the above student under the provisions stated therein. The Dance Center is not responsible for injuries sustained in dance class. It is requested that parents notify The Dance Center, in writing, if a child has an injury or any physical problems.

PARENT'S SIGNATURE _____ DATE _____

**If mailing: return Registration Form , first quarter installment and registration fee before September 4, 2018 to:
Diane Cournoyer Dance Center, 329 W. Main Street, Northboro, Ma 01532**
