

**2012 WINTER / SPRING REGISTRATION**

Amt. Pd. \_\_\_\_\_  
 Form of Pmnt. \_\_\_\_\_  
 Date \_\_\_\_\_  
 Initials \_\_\_\_\_



231.941.4244 Phone  
 231.941.4355 Fax  
 3811 Marketplace Circle  
 Traverse City, MI 49684  
[www.danceartstraverse.com](http://www.danceartstraverse.com)

*Class sizes are limited & registration is accepted on a first come basis.*

Student(s) Name: \_\_\_\_\_ Date of Birth (if minor): \_\_\_\_\_ Age: \_\_\_\_\_  
(As you wish it to appear in programs)

E-Mail Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Parent(s) Names: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

List all prior dance training & any training you are currently receiving elsewhere (where, when, how long, style, etc.): \_\_\_\_\_

List any medical problems or injuries: \_\_\_\_\_

**Please list the classes you wish to enroll in:**

Class:	Day:	Time:	Teacher:	Tuition:	Costume:	Fee:
_____	_____	_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____

**Tuition Sub-Total:** \_\_\_\_\_ **Costume Total:** \_\_\_\_\_

“Multiple class” Tuition Discount:  10% (3-9 Classes) or  15% (10+ Classes) thru **1/16/12:** \_\_\_\_\_

“Limited Class” Tuition Rate (Max 12 hours/week) or  “Unlimited Class” Tuition Rate (12+ hours per week): \_\_\_\_\_

Additional Early Pay Tuition Discount  3% thru **1/9/12:** \_\_\_\_\_

Non-refundable family registration fee due with each registration semester, **Add \$10:** \_\_\_\_\_ **10.00**

**TOTAL DUE:** \_\_\_\_\_

Tuition payment is due at time of registration. There will be no refunds after the 1<sup>st</sup> week of class – no credits – no transfers.  
 A monthly statement fee will be added to accounts with any outstanding balance.

**Signature:** \_\_\_\_\_ **(If minor child, parent must sign) Date:** \_\_\_\_\_

*“I recognize that dance does involve a risk of harm or injury, therefore, I agree to hold Dance Arts Academy, its teachers and representatives, harmless from any injury I/my child may incur during my/my child’s training here. I have read and agree to abide by the policies, procedures, & dress code of Dance Arts Academy.”*