

2017-2018 REGISTRATION FORM



Name _____ Date of Birth _____
Address _____ City _____
_____ State _____ Zip _____
Home Phone _____
Mother's name _____ Cell Phone _____
Work Phone _____
Father's name _____ Cell Phone _____
Work Phone _____
Emergency Contact Person _____ Phone # _____
Parents email _____
How did you hear about us? _____

CLASS	DAY	TUITION	Yearly Tuition _____
_____	_____	_____	Registration Fee _____ \$30.00
_____	_____	_____	Sub Total _____
_____	_____	_____	Amount Enclosed _____
_____	_____	_____	Balance Remaining _____
_____	_____	_____	Payment Plan: Full Year _____ Half Year _____
_____	_____	_____	Quarterly _____ Monthly _____

Person responsible for payments _____

Checks should be made payable to VERMONT CENTER FOR DANCE EDUCATION

I agree to pay the above amount to Vermont Center for Dance Education. I understand that the Vermont Center for Dance Education maintains the right to dismiss a student from the studio **without refund** for inappropriate behavior and /or language. Students are expected to be polite and demonstrate respect for the faculty and other student members at all times.

I understand that tuition is non-refundable except in the event of serious injury or illness. Requests for a refund must be made in writing and accompanied by a doctor's note.

Signature of Parent or Guardian Date

Allergies or other medical conditions

Please note: This is not a waiver. A waiver must be signed and returned to the studio before students will be allowed to participate in dance activities.

Mailing address: 88 Church Street, Rutland, VT 05701 (802) 342-2039

info@vermontcenterfordanceeducation.com