

**GOLDEN SLIPPERS DANCE ACADEMY
REGISTRATION FORM**

STUDENT NAME(S):

FULL NAME: _____ / _____ / _____
(LAST) (FIRST) (MIDDLE)

BIRTHDATE: ____ / ____ / ____
MM/DD/ YR

FULL NAME: _____ / _____ / _____
(LAST) (FIRST) (MIDDLE)

BIRTHDATE: ____ / ____ / ____
MM/DD/ YR

STREET ADDRESS: _____

HM PHONE # _____

CITY: _____ STATE: _____ ZIP CODE: _____

MOTHER'S NAME: _____ CELL PHONE #: _____ TEXT OPT IN: ____

MOTHER'S EMAIL ADDRESS: _____

FATHER'S NAME: _____ CELL PHONE #: _____ TEXT OPT IN: ____

FATHER'S EMAIL ADDRESS: _____

PAST DANCE EXPERIENCE:

SCHOOL ATTENDED	TYPE OF DANCE	NUMBER OF YEARS

Does your child have any disabilities and/or allergies? _____ If so, please describe so we may better serve your child's needs:

I understand that I am responsible for the yearly tuition that has been established: Golden Slippers has divided the yearly fee into 10 equal payments that are due by the 10th of the month September through June, thereafter there will be a \$10 late fee incurred. **PLEASE NOTE: That all accounts must be paid in full in order to purchase recital tickets which go on sale the 2nd weekend of May including the June payment.** (If you decide to discontinue taking classes—You must let us know in writing 30 days prior. If no notice is given, you will be responsible for the entire month and for each month thereafter until notice is received.) Also, a costume deposit of \$75.00 for each class that the student is enrolled in is due by November 1st. A \$10.00 late fee will be incurred for each costume deposit not paid by the December 1st. The costume balance will be due by March 15th. Tuition, Registration Fees and costume deposits are NON-REFUNDABLE. This registration form and the information in it pertains to the all years that you are enrolled in Golden Slippers Dance Academy. You also acknowledge that you have received, read and will comply with the rules stated in the policy manual.

TODAY'S DATE: _____

PERSON RESPONSIBLE FOR BILL: (Please print name) _____

SIGNATURE: _____

GOLDEN SLIPPERS REPRESENTATIVE'S SIGNATURE: _____

OFFICE USE ONLY

CLASS(ES) TAKING: (DAY/TIME/TYPE)-USE BACK FOR MORE

REG. FEE PAID: YES NO AMOUNT PAID: _____