

Date _____

Dance Continuum

Web Site: www.dancecontinuum.com

ENROLLMENT FORM 2008-2009 PHONE (817) 581-1542

STUDENT _____

DATE OF BIRTH _____ / _____ / _____ AGE _____ PARENT/GUARDIAN _____

HOME PHONE _____ / _____ PARENTS CELL PHONE _____ / _____ STUDENTS CELL PHONE _____

Email - _____ (many notes will come to you this way)

ADDRESS _____ CITY _____ STATE _____ ZIP _____ SCHOOL CURRENTLY ATTENDING _____

WAIVER OF LIABILITY: I agree that I will not hold Dance Continuum, a sole proprietorship, or any employees thereof liable for injuries sustained or illnesses contracted by me while a student of the studio.

I agree to pay tuition by the first week of every month. I understand if tuition is not paid on time, a \$10.00 late fee will be charged to my bill. All tuition and late fees must be paid prior to each semester and/or performance in the annual recital. I also agree to immediately notify the office and teacher upon dropping class or classes; if not I will be held responsible for all class charges until such time as notification is provided.

X _____

SIGNATURE OF STUDENT/OR PARENT IF STUDENT IS UNDER AGE 18

CLASSES ENROLLED IN: (DAY) _____ (CLASS) _____ (TIME) _____

(DAY) _____ (CLASS) _____ (TIME) _____

(DAY) _____ (CLASS) _____ (TIME) _____

(DAY) _____ (CLASS) _____ (TIME) _____

(DAY) _____ (CLASS) _____ (TIME) _____

(DAY) _____ (CLASS) _____ (TIME) _____

ENROLLMENT FEE

\$40.00 _____

\$20.00 additional child

Total Hours per week _____

Total Monthly tuition _____

