



CLASS REGISTRATION FORM SESSION I

Student Name _____ Date of Birth ____/____/____

Class _____ Day _____ Time _____ Cost \$ _____

Class _____ Day _____ Time _____ Cost \$ _____

Class _____ Day _____ Time _____ Cost \$ _____

Class _____ Day _____ Time _____ Cost \$ _____

Class _____ Day _____ Time _____ Cost \$ _____

Class _____ Day _____ Time _____ Cost \$ _____

Parents Names _____

Address _____

City, State, Zip _____

Home Phone _____ Email: _____

Cell: Father _____ Mother _____

<p><u>OFFICE USE ONLY</u></p> <p><input type="checkbox"/> CAB</p> <p><input type="checkbox"/> QB</p> <p><input type="checkbox"/> Email ____/____</p> <p><input type="checkbox"/> Auth # _____</p>

How did you hear about us? _____

Session I - Total Class Tuition: \$ _____

+ Registration Fee: \$35.00 (Annually) = Total Fees: \$ _____

Dance Card Program – Session (10 classes) _____ Total Tuition \$ _____

TODAY'S PAYMENT: \$ _____ DATE: ____/____/____

Method of Payment: VISA MC DISCOVER CHECK # _____

Card # _____ Exp. Date ____/____ V# _____

I, _____, have read all of the information on this form concerning registration and policies. I understand I am responsible for my child's tuition as well as assisting my child in following the policies of R&B Dance Center. I understand that all classes are subject to change/cancellation due to enrollment/attendance without notice. I have the right to cancel/ change classes within (14) days from the date on this registration form. After 14 days there will be **no changes, or refunds.**

Parent Signature _____ Date _____