

State Street Dance Studio

9 N 4th St, Geneva, IL 60134. 630-232-0444. www.statestreetdancestudio.com

Registration Form 2011-2012

Term I Term II Term III Term IV Term V Summer

Student Name _____ Date _____

Parent's Name _____ Tuition Rates *based on 8 wk Term

Address _____

City _____ State _____ Zip _____

Phone # _____ Cell # _____ Emer # _____

DOB _____ Age _____ Grade _____

E-Mail Address _____

Please list any medical concerns _____

How did you hear about us? _____



Class Name	Day	Time	Tuition
			5.0 hours \$540/term
			5.5 hours \$594/term
			6.0 hours \$624/term
			6.5 hours \$676/term
			7.0 hours \$700/term
			7.5 hours \$750/term
			8.0 hours \$768/term
			Unlimited (8.5) \$816/term
			Discount _____
			Credits _____
			Past Due _____
			Reg. Fee _____
			\$2 CC Fee _____

*TUITION IS NON-REFUNDABLE Payment type Cash Check # CC

Please make checks payable to State Street Dance Studio

Sub Total _____

Total Due _____

Paid _____

Balance _____

I give permission for **AUTO PAY** for tuition payment. **AUTO PAYS** will be run on the first day of each new term. I grant permission to use the credit card that is on file each term unless otherwise mentioned.

I do not want **AUTO PAY** and agree to have all registration payment monies paid for each new term by the first day of each term.

Visa MC DISC CC #: _____

Name on Card: _____ Exp. Date: _____

Signature of Card Holder _____ Date _____

Waiver & Photo Release: I and /or we agree and release full responsibility for all risks related to participating and attending classes/programs at STATE STREET DANCE STUDIO. By signing this release form, I/we (the dancer and parent/guardian) assume all risks related to the use of any and all spaces used by STATE STREET DANCE STUDIO. I/we agree to release and hold harmless STATE STREET DANCE STUDIO including its teachers, dancers, staff members, and facilities used by both entities from any cause of action, claims, or demands now and in the future. I/we will not hold STATE STREET DANCE STUDIO liable for any personal injury or any personal property damage, which may occur on the premises before, during or after classes. In addition, for valuable consideration received, I grant STATE STREET DANCE STUDIO the unrestricted right to use and publish photographs or video footage of student for PR, promotional use, editorial, and advertising for STATE STREET DANCE STUDIO print, projects, brochures, press, and website. I understand student's name will not be published, unless given permission. I HAVE READ THE ABOVE TERMS OF THIS AGREEMENT, UNDERSTAND SAME AND AGREE TO BE BOUND BY EACH AND EVERY ITEM.

Signature _____ Print Name _____ Date _____

