

Juliana's Academy of Dance Registration Forms

Last Name: _____

Mother Name: _____ Father's Name: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Mom's Phone Number: (_____) _____ - _____

Dad's Phone Number: (_____) _____ - _____

Emergency Contacts:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Student Information:

Student Name: _____

Age: _____ Date of Birth: ____/____/____

Medical:

Physician Name: _____ Phone Number: _____

Medical Needs: _____

Allergy Needs: _____

Please check all that apply:

New Student: _____ Returning Student: _____ Competition Student: _____

Did you change competition levels? Yes or No

If yes what level did you move to? _____

Class Information Sheet

Class	Day	Time	Teacher	Price
Ex. 3-4 ballet	Monday	9-10	Suzy Smith	75.00

Student Name: _____

Total Number of Classes: _____

Monthly Tuition Total: _____

How will you be paying monthly?

Automatic Credit Check Cash Credit

Monthly tuition is due on the first of each month. After the first there will be a \$25 late fee added to your account. Returned checks must pay a \$35 fee. If you are not at the studio before the first of the month make sure you pay ahead of time. By signing this paper, I understand my monthly cost and how payments are handled.

Signature: _____ Date: ____/____/____