

# Dance Etc. School For Performing Arts, Inc.

117 Mt. Pleasant Rd.  
Newtown, CT 06470  
203-426-8717

[www.newtowndance.com](http://www.newtowndance.com)

## Registration Form 2010-2011

Parents' (Guardian) Name(s):			
Student Name(s):			
Home Address:			
Town:		Zip Code:	
Home Phone:		Cellular:	
Email:			

### Payment Method:

Payment in Full (sibling discount does not apply. Option exp. 9/19)		Monthly (available for 3 or more hrs per week.)	
2 Installments (due at registration/Jan. 15)		Single Class \$15 hour class, \$20 1 1/2 hour class	
3 Payments (due at registration, Dec. 1, March 1)		Adult Class Semester - inquire for special rates	

\_\_\_\_\_ Check enclosed (payable to Dance Etc.) \$ \_\_\_\_\_

\_\_\_\_\_ I would like Dance Etc., Inc. to charge my VISA or MASTERCARD:

\_\_\_\_\_ **one time only** – to include the applicable registration fee and the 1<sup>st</sup> payment of \$ \_\_\_\_\_

\_\_\_\_\_ the applicable registration fee, the first payment of \$ \_\_\_\_\_ and to **continue billing my account automatically** based on my payment option selection (In Full, 2 installments, 3 month increments or 9 Months)

Credit Card Number: \_\_\_\_\_ Exp. \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Signature: \_\_\_\_\_

On behalf of myself and my child(ren), I hereby agree to waive, release and hold harmless Dance Etc. SFPA, Inc., its representatives, successors, assigns, principles, teachers, agents and the like, from any and all claims for damages including, but not limited to, any injuries suffered by myself and/or child(ren) in any program or facility offered by Dance Etc., SFPA, Inc. In recognition of the inherent risks involved in this program, I hereby accept full responsibility for any injury of damage sustained by myself and or child(ren) and will hold Dance Etc., SFPA, Inc., its representatives, successors, assigns, principles, teachers, agents and the like, harmless for any claim. This waiver and hold harmless is given in consideration of Dance Etc., SFPA, Inc. accepting my child(ren) as a student(s) and enrolling my child(ren) in its program. Dance Etc., SFPA, Inc. has the right to combine or cancel classes and/or programs at any time based on enrollment.

I have received, read and understand all of Dance Etc., SFPA, Inc. policies.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# Student Information

I would like to register \_\_\_\_\_ / \_\_\_\_\_ for the following class(es):

Student Name                      Birth date

Class	Day/Time	# of Hours
<b>Total # of Hours Per Week:</b>		
<b>1st Tuition Payment based on Installment Plan chosen</b>		
<b>Child #1 Registration Fee</b>		\$20.00
<b>Total amount due at Registration</b>		

I would like to register \_\_\_\_\_ / \_\_\_\_\_ for the following class(es):

Student Name                      Birth date

Class	Day/Time	# of Hours
<b>Total # of Hours Per Week:</b>		
10% sibling discount applies to 2, 3 and 9 payment plans only.	<b>1st Tuition Payment based on Installment Plan chosen</b>	
<b>Child #2 Registration Fee</b>		\$15.00
<b>Total amount due at Registration</b>		

Does your child(ren) have any special needs that you feel that the staff at Dance Etc, should be aware of? Information will remain confidential. If yes, please explain:

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