

FALL REGISTRATION 2010 – 2011

Student's Name _____ Age ____ Grade in Fall _____

Address _____ Cell phone- _____ Home _____

City and Zip _____ School _____

Parents/Guardians
Name _____

Class Day and Time _____

E-mail Address _____

Date Registered _____ Tuition will be paid: () 10 installments
() 3 installments

Registration Fee: \$29.00 Payable by check, Mastercard, Visa or Discover
After Sept. 1st- \$32.00

Credit Card will be automatically charged on the 15th of each month
CC# _____

exp. Date _____ (Please print slow and neat. Thanks)

I understand and recognize the risks of physical injury in dance and performances. I am willing to assume those risks. I agree that I will not hold Fleetwood Dance Center/Fleetwood Dance Theater, INC. liable for injuries sustained by my child while in attendance and/or participating in any classroom or performing activity with Fleetwood Dance Center. I also understand quarterly tuition is discounted off the monthly amount. If I choose to pay quarterly and withdraw my child early there are no refunds. I give my permission for my child to appear in publicity, advertising and/or newspaper articles in regard to performances/classes with Fleetwood Dance Center.

Signature of Parent or Guardian _____ date _____

For Office use only:

Registration Fee Amount _____ **Date paid** _____ **Total Dance**
Hours _____

Tuition Due _____ **Tuition Paid at registration** _____ **Check #** _____

Parent or Guardian's Last Name if different than student:

_____ **Date of first lesson** _____ **Siblings- () Yes () No**

Names _____

Mail To: Fleetwood Dance Center

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