



## REGISTRATION AGREEMENT

Student Name: \_\_\_\_\_  New Student  Returning Student  
(First name) (Last name)

Address: \_\_\_\_\_  
(Street) (Town) (Zip)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age (as of September) \_\_\_\_\_ Grade (as of September) \_\_\_\_\_

Parent Information: Parent 1: \_\_\_\_\_ Parent 2: \_\_\_\_\_  
(First) (Last) (First) (Last)

Home: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Home: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell: (\_\_\_\_)\_\_\_\_-\_\_\_\_

E-mail \_\_\_\_\_ E-mail \_\_\_\_\_

**ALL ACCOUNTS MUST HAVE A CARD ON FILE IN THEIR ONLINE PORTAL, EVEN IF PAYING CASH  
 ALL CARD ON FILE WILL BE SET UP FOR AUTOPAY UNLESS OTHERWISE NOTED  
 \*CARDS ACCEPTED FOR AUTOPAY : VISA, MASTERCARD, DISCOVER (NO SERVICE FEE)  
 AMEX CARDS CAN BE USED IN PERSON - AND WILL INCUR A SERVICE CHARGE**

Credit Card #: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Autopay Opt Out :  I do not wish to have my card set up for autopay

Emergency Contact: Name: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_

MONDAY CLASS #	TUESDAY CLASS #	WEDNESDAY CLASS #	THURSDAY CLASS #	FRIDAY CLASS #	SATURDAY CLASS #

**AGREEMENT:** I hereby enroll my child at Turning Pointe Dance Center (TPDC) for the 10 month dance season running September to June. I have read and agreed to all policies, terms and conditions as stated in Turning Pointe literature including, but not limited to, tuition rates and payments, costume payments, dress codes, class placement, general recital information, etc. **I also acknowledge that a \$15 late fee will be applied to payments made after the tenth of each month, also a \$40 returned check fee applies, and a \$25 processing fee for all refunds. Registration fee of \$25.00 is non-refundable. After the 2nd returned check, I understand that TPDC will require only cash payments going forward.**

I understand that I may withdraw from the program at any time during the dance season by notifying TPDC in writing prior to the beginning of a new month. If TPDC is not notified in writing it is understood that I am not relieved of my obligation to pay all incurred tuition fees. I acknowledge that tuition will not be refunded as a spot has been held for my child. I also acknowledge that excessive absenteeism may result in my child being ineligible to participate in TPDC recitals.

**I hereby permit my child to participate in dance and/or gymnastics and understand the risks inherent in such activities. I release and hold harmless Bodyworx Etc. Inc trading as Turning Pointe Dance Center and its staff from any and all legal liability and medical cost arising due to any injury incurred during the course of instruction or participation in any TPDC related activity.**

I release rights to all photos taken in relation to Turning Pointe Dance Center, for exclusive TPDC use in promotion or advertising.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\*If your child has any medical conditions or learning disabilities, we should be aware of please list below:

**OFFICE USE ONLY:**

Mail registration confirmed  
 Entered on class list  
 Entered in computer  
 Payment recorded

**PAYMENT:**

Tuition Amount \_\_\_\_\_  
 Registration Fee \_\_\_\_\_  
**Total Amount Paid** \_\_\_\_\_

 10%                       Cash  
 Installment                 Check # \_\_\_\_\_  
 Full                               Visa /MC/Amex/Disc

Notes \_\_\_\_\_

Staff Initials \_\_\_\_\_