D.C. Dance Center REGISTRATION FORM - 2012

SESSION III, Nine-weeks, January 30th – March 31st

$15.00 LATE FEE WILL BE ADDED IF NOT RECEIVED BY Saturday, February 25th, 2012

PLEASE COMPLETE & RETURN BY SATURDAY, JANUARY 28, 2012

the d.c. dance center

12422 Santa Monica Blvd., Los Angeles, CA 90025 • 310/820-2256 • Fax – 310/820-4586 • www.dancecenterla.com

CHILD(REN) INFORMATION

CHILD NAME : _____ **DOB:** ___/___/___ **GRADE (11-12):** _____

PLEASE PRINT **AGE:** _____

	CLASS NAME *Ex. Pre-Ballet*	DAY *Friday*	TIME *10:30*	MIN *(45 min)*	PRICE *$128.00*	Sibling/Multi Class Price	SUBTOTALS
1	Must list class with longest length of class time				$ .00		$ .00
2						$ .00	$ .00
3						$ .00	$ .00
4						$ .00	$ .00
5						$ .00	$ .00
						$65.00	$ .00
						SUBTOTAL CHILD 1	$ .00

Costume Deposit for June Recital 2012, $65.00 per class. Due by 2/11/12.

2nd CHILD NAME* : _____ **DOB:** ___/___/___ **GRADE (11-12):** _____

PLEASE PRINT ***must be child with shortest (length of time) classes** **AGE:** _____

	CLASS NAME *Ex. Pre-pointe*	DAY *Monday*	TIME *3:45-4:15*	MIN *(30 min)*	PRICE *$99.00*	Sibling/Multi Class Price	SUBTOTALS
1						$ .00	$ .00
2						$ .00	$ .00
3						$ .00	$ .00
						OTHER COSTS	$ .00
						SUBTOTAL CHILD 2	$ .00
							$ 25.00
						GRAND TOTAL ALL CHILDREN	$ .00

$25.00 Yearly Family Registration Fee (payable only once during 2011-2012 dance year)

PARENT INFORMATION (REQUIRED)

Parent/Guardian Name(s) PLEASE PRINT	Phone #	Type *H, Cel, Wk*	Phone #	Type *H, Cel, Wk*
1.	( ) -		( ) -	
2.	( ) -		( ) -	
ADDRESS		**CITY**		**ZIP**
EMAIL	@			

CLASS PRICES

Length of Time	Regular Price	Sibling/multiple class rate 15% off
30 min - dance	$110.00	$93.00
45 min - dance	$128.00	$108.00
60 min - dance	$138.00	$117.00
75 min - dance	$142.00	$120.00
90 min - dance	$148.00	$125.00
120 min – dance	$155.00	n/a
Theatre Co.	$175.00	n/a

PHOTOGRAPHY/VIDEOGRAPHY/LIABILITY WAIVER (Please check one):

☐ I hereby authorize any photography or videotape of my child to be used in the media, including newspapers, website, and other promotional purposes. I hereby give my consent to my child's participation in the activities at The Dance Center and release The D.C. Dance Center from any and all liability for any injuries or damages that may be incurred by my child in the activities and classes sponsored by the D.C. Dance Center. If my child has any physical limitations I will notify the teacher.

☐ I do not authorize any videotaping and/or photography of my child under any circumstances.

Payment Authorization:

I am paying by ☐ Check (make payable to *The Dance Center*)

☐ Cash ☐ Visa/MasterCard ☐ AMEX

Credit Card Number

☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

CVC/CVV? ☐☐☐ **Exp. Date** ___/_____

? – 3 Digit **C**ard **V**erification **V**alue **C**ode on back of card

☐ I understand that by signing below, I agree to the waiver checked above; I agree to have the credit card listed above charged for any and all fees pertaining to the D. C. Dance Center; I accept that there are no refunds or credits.

☐ **Please keep the above card on file for the entire 11-12 dance year.**

Parent/Guardian Signature (REQUIRED)

X _____

OFFICE USE ONLY BELOW Date received in office _____

Payment info _____