

Please fill out in its entirety and read & sign the back
TECHNIQUES DANCE CENTER
FALL CLASS REGISTRATION FORM

Family Information

Family Last Name: _____

Street Address: _____ Town: _____

Home Phone () _____ Cell Phone () _____

E-Mail _____

Parent/Guardian Name : _____ Emergency Name & Phone: _____

Student 1

Student 2

Student 3

Name: _____

Name: _____

Name: _____

Birth date: _____

Birth date: _____

Birth date: _____

This is your _____ year at Techniques?

This is your _____ year at Techniques?

This is your _____ year at Techniques?

Medical Comments: _____

Medical Comments: _____

Medical Comments: _____

Classes:

Classes:

Classes:

1. Day _____ Time _____
Type _____

1. Day _____ Time _____
Type _____

1. Day _____ Time _____
Type _____

2. Day _____ Time _____
Type _____

2. Day _____ Time _____
Type _____

2. Day _____ Time _____
Type _____

3. Day _____ Time _____
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3. Day _____ Time _____
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3. Day _____ Time _____
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4. Day _____ Time _____
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4. Day _____ Time _____
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4. Day _____ Time _____
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5. Day _____ Time _____
Type _____

5. Day _____ Time _____
Type _____

5. Day _____ Time _____
Type _____

6. Day _____ Time _____
Type _____

6. Day _____ Time _____
Type _____

6. Day _____ Time _____
Type _____

For Techniques Processing Only

1st Month Paid: \$ _____

Reg. Fee: \$ _____

Date: _____

Processor's Initials _____

May Paid: \$ _____

Method: Check # _____

Cash _____

Amount due Monthly: _____

STUDENT RELEASE FORM

I assume full responsibility and risk of bodily injury for the student enrolled at Techniques Dance Center, Ltd. Our staff exercises the utmost care in working with the students. Our goal is to provide a safe and accident free environment; however in the event of any bodily injury, I release Techniques Dance CENTER, Ltd. and the instructors from all liabilities. I have read and voluntarily sign this release form.

Parent/Guardian: _____ Date: _____

~~~~~ FINANCIAL

**RESPONSIBILITY**

I accept full financial responsibility for all related costs during the 2022-2023 dance season at Techniques Dance Center, Ltd. These costs include registration, monthly tuition, late fees (if applicable), costume expenses, and recital fee expenses. I understand that if my account becomes delinquent, the student will not be able to participate until the account is current. I understand my monthly tuition payment is for the entire month, regardless of the number of classes held. If a class is not held for any reason, no refunds will be given. I understand that the class can be made up in another class if necessary. I understand accounts paid in full at the time of registration may not be refunded after December 1, 2022. I understand that I register for the 1<sup>st</sup> month, May & a non-refundable registration fee. I understand that after 4 weeks of classes, my May tuition is non-refundable.

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

~~~~~ PERMISSION

FOR RECITAL

I give my permission for the applicant to participate in the Techniques Dance Center, Ltd. recital at (date & location to be confirmed). I understand that this involves extra rehearsals and a dress rehearsal prior to the performances. I understand my child/children may not be in the same show & that my child/children (with the exception of Pre-K) will not be released until the end of the performance.

Parent/Guardian: _____ Date: _____