



2013-2014 Enrollment Form

How did you hear about A Time to Dance? _____

Student Name: _____ Birthdate: _____

Parent/Guardian Name: _____ Phone: _____

Email: _____ Address: _____

List any Health or Medical conditions the studio should be aware of:

Emergency Contact		Emergency Phone	
Class	Day/Time	Class	Day Time

I authorize A Time to Dance to automatically charge my card or account listed on back or on file for the balances due on my A Time to Dance account. I understand that payments will be automatically made throughout the year for any balance due on my account. I understand that the payment amounts may vary as classes are added/dropped and as other charges/payments are applied to my account.

I authorize A Time to Dance to auto deduct all additional charges placed to my account by me or any of my family members with: *Auto Pay* associated with the month(s) that the charges are placed
**(If I wish to pay these fees by another method, I will pay before the Due/Draft Date or my account will be drafted on the Due/Draft Date)*

I understand that there will be NO CREDIT given for classes unattended or regardless of how many days are in any particular month. I'm aware that my account will be charged for the class even if the dancer does NOT attend. TUITION IS DUE BY THE 10TH OF THE MONTH for the entire month or a \$10.00 LATE FEE will apply for that month & for every month until balance is paid. ALL TUITION IS NON-REFUNDABLE.

I grant permission to A Time To Dance, the use of photographs or video of my child to promote dance and/or the dance studio.

All students and the parents/legal guardian are aware of possible physical injury that may occur during dance/gymnastics classes, performances and/or rehearsals and are willing to assume those risks. It is agreed that A Time to Dance, it's officers, directors and associates are NOT RESPONSIBLE FOR PERSONAL INJURY OR PROPERTY LOSS.

Two weeks notice is required for withdrawals. A withdrawal letter must be received by the office.

Registration fee of \$30.00 due upon registration. One month's tuition due upon registration.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

2012 Auto Pay Information

Please sign or initial the highlighted spaces.

I hereby authorize A Time To Dance to automatically charge my Debit/Credit Card or Checking/Savings account on a monthly basis as specified below:

Scheduled Auto Session Tuition Payment processing dates are the first business day of each month.

I authorize the same card/account currently on file

or

I authorize the following card:

Name of Card holder (PRINT AS APPEARS ON CARD) _____

Billing Street Address _____

Billing City _____

Billing Zip _____

Billing Phone# _____

Billing Email _____

Card will be swiped at the front desk instead of supplying the number here:

Debit or Credit Card number(last 4): _____

Debit or Credit Card Expiration Date: _____

or

I authorize the following account:

Name of bank account holder (PRINT) _____

Billing Street Address _____

Billing City _____

Billing Zip _____

Billing Phone# _____

Billing Email _____

9-Digit Bank Routing #: _____

Bank Account #: _____

I understand that A Time to Dance will continue to automatically charge my card as indicated above until the last payment is made for the registered Term, or until a withdrawal form is filled out. I understand that if I wish to discontinue payment due to ending classes early a **two week notice** to our office is required if you are withdrawing from a class. **The office must receive a withdraw letter.**

I understand that if I need to discontinue payment due to ending classes early, or if I need to change my account information, we need a one week notice prior to the auto-deduct dates listed above in order to stop a payment from coming out. If you withdraw less than one week prior to an above date or anytime during a session, the classes paid for minus the 2 week withdrawal notice will remain as a credit on your account to be used for future tuition.

Signature: Date: