

ZOJA Dance Studio Inc.
2008/2009 Fall Registration Form

Student's Name _____ **New Student**

Address _____ **Change of Address**

City _____ State _____ Zip Code _____

Parent or Guardian _____ Alt. Emergency Contact _____ Relation _____

Home Phone () _____ Business Phone () _____ Emergency Contact Phone () _____

Cell Phone () _____ School _____ Grade _____ Date of Birth _____

If you would like to receive correspondence via email, please list your email address _____

Previous Dance Experience Yes No If yes, where? _____ How Long? _____

How did you hear of us? Newspaper Flyer Phonebook Referral Other _____

Please list classes below

Class 1 _____

Class 2 _____

Class 3 _____

Class 4 _____

Dance Class Tuition

Total classes @ \$85.50 _____

Discounts

10% Mult. Class/family _____

15% Full Year _____

Registration Fee

Fall \$10.00 _____

Tuition Total _____

Check # _____ Cash Receipt# _____

MC/VISA # _____ Exp. _____

Date _____ **Int.** _____

OFFICE USE ONLY

2nd Session Payment _____

Check # _____ Cash Receipt# _____ MC/VISA # _____ Exp. _____

Date _____ **Int.** _____

3rd Session Payment _____

Check # _____ Cash Receipt# _____ MC/VISA # _____ Exp. _____

Date _____ **Int.** _____

4th Session Payment _____

Check # _____ Cash Receipt# _____ MC/VISA # _____ Exp. _____

Date _____ **Int.** _____

I am going to be in the May Recital and understand there is a costume fee. I am not going to be in the May recital. _____

Please list any medical condition or special needs of child _____

I understand and agree that ZOJA Dance Studio Inc. and all instructors employed therein disclaim any and all liability with regard to personal injury and/or loss, damage, or theft of personal property while on the premises of the studio. I have (dancer enrolled in classes) had no mental or physical conditions in which dance class would be against my doctor's recommendations. I have received a copy of the ZOJA policies and accept all terms. I agree to comply with the student policies, dress code, and tuition. I understand that I will be held responsible for all tuition payments upon registration, and will be assessed a \$10.00 late fee every month if my balance is 30 days past due, until paid in full. Balances over 90 days will incur an 18% finance charge annually. Class sizes are limited. Registration for the following session will not be accepted until all prior tuition payments are paid in full. **Tuition and Costume fees are absolutely non-refundable.** I hereby grant ZOJA Dance Studio Inc. permission to photograph my child and use for promotional purposes. I understand that this is a legal and binding contract.

Signature (Parent or Guardian if under 18 years) _____