

# Dantz Dynamix Student Registration Form

Please complete the following form to register your dancer(s) for the 2023-2024 season.

\*\*Email completed form to: [dantzdynamixlewiston@gmail.com](mailto:dantzdynamixlewiston@gmail.com)

## Student Information

|   |                 |      |      |
|---|-----------------|------|------|
| Student #1 Name:                                  | Preferred Name: | Age: | DOB: |
| Address:  |                 |      |      |
| Student #2 Name:                                  | Preferred Name: | Age: | DOB: |
| Address:  |                 |      |      |
| Please list siblings who currently dance with us: |                 |      |      |

## Parent/Guardian #1 Information

|                           |                         |
|---------------------------|-------------------------|
| Name:                     | Relationship to dancer: |
| Address:                  |                         |
| Email Address (required): | Phone #:                |
| Employer:                 | Employer Phone #:       |
| Employer Address:         |                         |

## Parent/Guardian #2 Information

|                           |                         |
|---------------------------|-------------------------|
| Name:                     | Relationship to dancer: |
| Address:                  |                         |
| Email Address (required): | Phone #:                |
| Employer:                 | Employer Phone #:       |
| Employer Address:         |                         |

## Emergency Contact #1

|          |                         |
|----------|-------------------------|
| Name:    | Relationship to dancer: |
| Phone #: |                         |

Click here for: [Class Schedule 2023-2024](#)

**Dance Class Selection** (Please use the additional schedule page for more class selections if necessary.)

| Dancer Name:      |                 |      |              |
|-------------------|-----------------|------|--------------|
| Class Number/Name | Day of the Week | Time | Teacher Name |
|                   |                 |      |              |
|                   |                 |      |              |
|                   |                 |      |              |
|                   |                 |      |              |
|                   |                 |      |              |

| Dancer Name:      |                 |      |              |
|-------------------|-----------------|------|--------------|
| Class Number/Name | Day of the Week | Time | Teacher Name |
|                   |                 |      |              |
|                   |                 |      |              |
|                   |                 |      |              |
|                   |                 |      |              |
|                   |                 |      |              |

- I agree to allow my child(ren) to be photographed and/or videotaped for public use.
- I DO NOT agree to allow my child(ren) to be photographed and/or videotaped for public use.

**Fees & Payment Information** (Please calculate your monthly tuition.) Email Kerri at [dantzdynamixlewiston@gmail.com](mailto:dantzdynamixlewiston@gmail.com) with any tuition questions.

| Monthly Tuition  | Registration Fee (non-refundable)  |
|--|--|
| Click here for: <a href="#">Tuition Rates</a> (or refer to the schedule on the last page) <ul style="list-style-type: none"> <li>Tuition is based on the number of weekly hours your child(ren) is/are taking.</li> </ul> My monthly tuition is: _____ | <ul style="list-style-type: none"> <li>\$15.00 per child (before August 10)</li> <li>\$25.00 per child (after August 10) (\$50.00 max per family)</li> </ul> My total registration is: _____ |
| <b>Total fees due today (first month tuition + registration fee):</b> _____  |  |

**Monthly Payment Information** Please check one of the following payment options. **\*\* Monthly automatic deduction or monthly credit card payment is REQUIRED for registration. THANK YOU.**

|   |
|---|
| <input type="checkbox"/> Please use my <b>CHECKING ACCOUNT/CREDIT CARD</b> information on file.   |
| <input type="checkbox"/> Please auto-deduct my <b>CHECKING ACCOUNT</b> and I am including my account information. (Fill out attached Checking Auto Deduction Form) This account belongs to: _____<br><input type="checkbox"/> <b>CHECKING ACCOUNT AUTOMATIC DEDUCTION FORM</b>  |
| <input type="checkbox"/> Please charge my <b>CREDIT CARD</b> and I am including my account information. There is a 3% fee to run your credit card. (Fill out attached CC Authorization Form) This account belongs to: _____<br><input type="checkbox"/> <b>CREDIT CARD AUTOMATIC DEDUCTION FORM</b>   |
| <input type="checkbox"/> I wish to pay by check each month, but I understand that I need to guarantee it using either the Checking Auto Deduction Form, or the Credit Card Authorization Form (3% fee applies).   |
| <input type="checkbox"/> I wish to prepay the entire year.<br><input type="checkbox"/> If you wish to <i>prepay the entire year</i> , you will still need to pay the amount above today. Then we will get a statement prepared for you, deducting what you paid today. There is a 5% discount if you prepay the entire semester (including costume and recital fee) and a 10% discount if you prepay the entire year (including costume and recital fees) |

**\*\* NOTE: If your child drops after the official drop date, you do NOT get a refund.**

**STEP #6: Agreement**

Please read the **RULES & GUIDELINES/PARENT & STUDENT HANDBOOK** AND TYPE or WRITE **"I AGREE"** ON THE LINE BELOW. Information to take special note of includes but is not limited to:

- We communicate frequently via email so please have a valid email address and check it regularly.
- All students pay tuition for 9 months, unless dropped before the drop deadline.
- \$20 per month late fee applies to all late payments, declined credit cards, or declined checking auto deductions.
- Monthly payment options: Checking Auto Deduction, Credit Card (3% fee applies), or Check with a Checking AD or Credit Card on file as a backup.
- I can add/drop any classes the first 3 weeks of any semester without being penalized. After the official drop date, I am required to pay the remaining semester's fees (including tuition, costumes, shoes, etc.) No refunds if you prepay a semester or year. The registration fee is non-refundable.
- A \$30 costume charge will be added to my Oct. or Nov. bill and the balance will be applied to my Nov. or Dec. bill.
- Viewing Policy: Parents are only allowed to watch the first lesson of each month.
- The Yearly Calendar for all important dates/holidays, etc. will be forthcoming. There is a \$12 recital fee per family/per recital. This fee will be added to January and May invoices.
- Classes begin on Monday, August 28. No classes Monday September 4 – Labor Day.
- I have read the Handbook and understand I am responsible for the information in it.

Type/Write "I agree" here:

**Medical Release/Waiver:** I, (parent/guardian's name) hereby give permission for any & all medical attention to be administered to my child in the event of an accident, injury, sickness, etc., under the direction of the physician(s) listed below or at any necessary emergency facility until such time as I may be contacted. I also assume the responsibility for all payment of any such treatments. This release is effective for the period of one (1) year from the date below. I hereby consent to have my child participate in the programs offered by Dantz Dynamix. It is agreed that I, my child, & my executors waive & release all rights & claims for any damage that I may have at any time against Dantz Dynamix, its paid or volunteer representatives, in connection with the dance studio programs.

|                   |              |
|-------------------|--------------|
| <b>SIGNATURE:</b> | <b>Date:</b> |
|-------------------|--------------|

# Automatic Deduction

|                   |                   |
|-------------------|-------------------|
| Name:             | Phone Number:     |
| Billing Address:  | Alt Phone Number: |
| City, State, Zip: | Email:            |

I would like my account to be deducted by the following (please check one):

- Credit Card (Visa or Mastercard) (3% fee applies)**

|                     |                  |
|---------------------|------------------|
| Credit Card Number: |                  |
| Exp. Date (MM/YY):  | CVC (3-digit #): |

Timing of payments: After the 10th of every Month

- Debit Bank Account**

|   |                      |
|---|----------------------|
| Bank Name:  | Bank Routing Number: |
| Checking Account Number:  |                      |
| Preferred Monthly Date of Payment (Please choose one: 5th , 15th , 20th): |                      |

I, \_\_\_\_\_, parent of, \_\_\_\_\_ authorize Dantz Dynamix as applicable, to initiate debit and credit transactions (and/or corrections to previous debit/credit accounts) from the account chosen above for tuition, costumes, recital fees, and any miscellaneous dancewear purchased. This authorization will remain in effect until I provide notice revoking the authorization to Dantz Dynamix by calling **208-798-0609** at least 10 days before my bank account is charged or at least 2 days before my credit card is charged.

\*\* A Non Sufficient Fund Fee of \$20 will be charged on all credit card or bank account transactions that are declined.

|                       |       |
|-----------------------|-------|
| Authorized Signature: | Date: |
|-----------------------|-------|