

ASPIRATIONS DANCE COMPANY REGISTRATION FORM

Each Student Requires a Separate Form

FALL 2018/19

Dancer Full Name: _____

Age _____ Date of Birth _____

Parent or Guardian Name: _____

Address _____

City _____ Zip _____

Home Phone _____ Cell Phone _____

CELL PHONE CARRIER for Text Reminders/Offers **(REQUIRED)** _____

Email Address **(REQUIRED)** _____

Emergency Name & Phone _____

CLASS	DAY	START TIME

Total Number of Classes	
Monthly Amount before any discounts	
% Family Discount (if applicable) not valid if one student is U/L	
Amount of Discount	
Total Monthly Tuition	\$

Name on Card	
Card #	
Exp. Date	
3 digit CVV Code (on back of card)	

A Credit Card is Required to be on File, to establish and Maintain a Studio Account, this account will be debited, if your account becomes past due for tuition, choreography, costumes or any studio costs within (30) days of the published due date.

Signature _____

Date: _____