

STUDENT INFORMATION

Last Name

First Name

Street Address (if different than above)

(_____) _____ Male Female
Phone Number

City

State

Zip Code

_____/_____/_____
Birthday

School

Grade

T-Shirt Size

OFFICE USE ONLY

Date Received _____ Registration Payment Received
Received By _____

DANCE CONNECTION PAC PAYMENT AGREEMENT

I have read and understand the tuition policy of DANCE CONNECTION PAC. I acknowledge that I am enrolling for a full season, through June. I acknowledge responsibility for the full season's tuition, which is broken down into monthly payments, not a monthly tuition. I agree to pay a 15% late charge to the regular rate, per account for tuition payments received by the DANCE CONNECTION PAC office after the 16th day of the month they are due. I acknowledge that there are NO REFUNDS! I reserve the right to discontinue my payment obligation to DANCE CONNECTION PAC, providing I notify the office in writing, prior to the month I plan to be my last.

_____/_____/_____
Date

Signature

CLASS ENROLLMENT SCHEDULE

Listed below are the classes available for your age and level. Please check beside the class(es) you wish to be enrolled in.

<u>Class</u>	<u>Level</u>	<u>Day</u>	<u>Time</u>	<u>Class Length</u>
() _____	_____	_____	_____	_____
() _____	_____	_____	_____	_____
() _____	_____	_____	_____	_____
() _____	_____	_____	_____	_____
() _____	_____	_____	_____	_____