

2019-2020 Registration Form

600 Cagan Park Ave. #106&107 Clermont, FL 34787 352-708-5609

thestagedanceacademy@gmail.com

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Parent's Name(s):				
Address:				
Home Ph:	Parent's Cell	Ph:		
Parent's Email Address:		How Did You Hea	r Abo	out Us:
Emergency Contact (Name & Phone) :				
This student is enrolling for the fo Please check all that apply and indicate the day (To be filled out with instructor for proper cla	& time of class in spa			
☐ combo classes	□ tap			Hip hop
□ ballet/pointe	☐ jazz			Interested in competition
				team information .
☐ lyrical	Other			
□ lyrical Special Requests/Notes:				
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·		E ONLY:		
Special Requests/Notes:	FOR OFFICE USE	E ONLY:		
Special Requests/Notes:	FOR OFFICE USE Amount:	E ONLY:		
Special Requests/Notes:	FOR OFFICE USE Amount:	E ONLY:		

My registration fee is non-refundable and I must provide a credit card number on file to ensure timely payment of tuition. If I have not paid tuition by the 10th of each month I give TSDA permission to charge my credit card with my amount due, plus the late fee of \$5.00. If past the 15th of the month and still not paid another \$5 will be charged to card on file. I agree to give TSDA 30 days notice of my intent to withdraw from any class. My tuition will be due for the 30 days after I give notice of withdrawal. Withdrawal after Dec, 1st results in payment of rest of year's fuition. Lack of notice (email/phone) or absence from class will result in continued responsibility of all fees associated with the class. Costumes must be paid in full for my child to participate in the recital and I will be required to purchase recital tickets to attend. Failure to participate in recital may incur a cancelation fee. I agree to abide by all rules, regulations, and policies of the studio read on the studio's website. The Stage Dance Academy is not responsible for anyloss, injury, ortheft and I will not hold TSDA responsible for any such occurrences.

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Signature:	Date:
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