

Wilton Dance Studio, Inc.

Registration Form 2010 - 2011

Please print & fill out one form per student



Please Mail/Fax With Payment To:
 Wilton Dance Studio, Inc.
 P.O. Box 427 Wilton, CT 06897-0427
 Fax: 203.544.8820

Dancer's Name: _____ Age: _____ Date of Birth: _____

Parent's Names: _____

Mailing Address: _____ City/State/Zip _____

e-mail address: _____

Phone Numbers: Mother: Home: (____) ____ - ____ Work: (____) ____ - ____ Cell: (____) ____ - ____

Father: Home: (____) ____ - ____ Work: (____) ____ - ____ Cell: (____) ____ - ____

How did you learn about WDS? Ad ____ Web ____ Friend ____ Mailer ____ Other _____

DAY	TIME	CLASS - CIRCLE WHERE APPROPRIATE	TUITION
		Creative Movement / Pre-Ballet	\$ 350.00/term
		Tap & Jazz (4 - 6 yrs)	\$ 650.00/yr
		Beginner Ballet / Ballet I / Ballet II / Ballet IIIa	\$ 650.00/yr
		Jazz/Musical Theater I	\$ 650.00/yr
		Jazz Funk/Musical Theater Level_____	\$ 650.00/yr
		Broadway Tap Level_____	\$ 650.00/yr
		Contemporary (Modern/Lyrical) Level_____	\$ 650.00/yr
SUBTOTAL			\$

Discounts - Call if you have any questions.

Family discount - 5% or **Volume discount** - (5% - 3 classes, 10% - 4 classes per week)

\$

BALLET IIIb AND ABOVE - TUITION ALREADY REFLECT A DISCOUNT **NO** FURTHER DISCOUNTS ALLOWED

M, F Ballet IIIb (2 classes 3 hrs/wk) \$ 1,475.00/yr

M, F Ballet IV (2 classes 3 hrs/wk) \$ 1,475.00/yr

M, TH, F Ballet Va (3 classes 5 hrs/wk) \$ 2,500.00/yr

M, T, TH, S Ballet Vb (4 classes 6.5 hrs/wk) \$ 2,950.00/yr

M, T, TH, S Ballet VI (4 classes 6 hrs/wk) \$ 2,950.00/yr

Nutcracker Students ages 3 & 4 \$ 100.00

Kindergarten \$ 175.00

1st grade and above \$ 275.00

Party Scene Adult - Name: No Charge

Payment Plans are available on full year tuitions only.

Payment Plans Please circle and enter fee above

PAYMENT PLAN FEE \$ _____

Option A - No Fee- Payment in full with registration

FAMILY REGISTRATION FEE \$ 25.00

Option B - \$15.00 - 2 Payments - 1/2 with reg, 1/2 Oct. 15th

TOTAL DUE \$ _____

Option C - \$25.00 - 3 Payments - 1/3 with reg, 1/3 Oct. 15th, 1/3 Nov 15th

Option D - Tuition that exceeds \$2,500.00 may be broken into 4 equal payments without a payment plan fee as follows. 1/4 with registration, 1/4 due 11/1/10, 1/4 due 01/01/11 and 1/4 due 03/01/11.

PAYMENT ENCLOSED \$ _____

BALANCE DUE \$ _____

VISA MC DISC AMEX EXP. ____/____

Payment Method Check CC

X _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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CARDHOLDER SIGNATURE

In signing I hereby acknowledge and accept the **X**

Wilton Dance Studio, Inc. Policies and Procedures PARENT/GUARDIAN SIGNATURE

Wilton Dance Studio, Inc.

Emergency Contact/Medical Release

Form 2010 - 2011

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P.O. Box 427 Wilton, CT 06897-0427
Fax: 203.544.8820

Dancer's Name: _____ Age: _____ Date of Birth: _____

Parent's Names: _____

Mailing Address: _____ City/State/Zip _____

e-mail address: _____

Phone Numbers: Mother: Home: (____) ____ - ____ Work: (____) ____ - ____ Cell: (____) ____ - ____

Father: Home: (____) ____ - ____ Work: (____) ____ - ____ Cell: (____) ____ - ____

Emergency Contacts:

Please give the name and contact numbers for two people who may be contacted in case of emergency or illness. These people should live in the general vicinity of Wilton Dance Studio, Inc.

1. Name: _____ Phone number: _____

2. Name: _____ Phone number: _____

WAIVER OF LIABILITY

The undersigned hereby: (I) acknowledges that dancing is an activity which involves certain risks, (II) assumes the risks of my or my child's participating in Wilton Dance Studio's classes, (III) hereby irrevocably releases Wilton Dance Studio, Inc., its employees, agents, officers, directors, and/or successors from any and all liability of any type or nature arising out of my or my child's participation in its classes or similar activities, and (IV) photos and videos taken of my child/children may be used for the purpose of advertising Wilton Dance Studio, Inc. I declare to the best of my knowledge and belief that I/my children are in sufficient good health to participate in these programs.

Are there any medical or social issues the staff should be aware of? _____

In signing I hereby acknowledge and accept the Wilton Dance Studio, Inc. Policies and Procedures.

PARENT/GUARDIAN SIGNATURE

DATE:

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DATE: