

I \_\_\_\_\_, hereby agree to the following

- (1) There is a \$10.00 registration fee required of each student upon enrolling. Please enclose your fee and 1st months tuition below.
- (2) It is to be noted that the school runs on a 10-month year. Students are enrolled for one year unless the student officially withdraws with the two week written notice. Students will be billed for all preceding lessons, plus two weeks.
- (3) Money will not be refunded for classes not made up. Students must make up missed classes within 30 days or the class will be forfeited.
- (4) Tuition is due no later than the 5th of the month. A \$10.00 late fee will be applied to all tuition received after the 5th. There is a \$30.00 returned check fee.
- (5) No bill can be carried over 30 days or the student will be withdrawn from the Conservatory.
- (6) Please see the schools [tuition rates plus schedule](#).

I, hereby agree to give two weeks advance written notice in the event the student is withdrawn from the Conservatory. If proper notice is not given, I will be responsible for all lessons proceeding, plus two weeks.

I, the undersigned, ( ) Parents, ( ) Guardians, ( ) Student of \_\_\_\_\_ the applicant, for and in further consideration of the Conservatory accepting the applicant, hereby agree to save and indemnify and keep harmless the said Conservatory of Dance, Ltd., its agents, sponsors against any and all liability, claims, judgments, or demands for damages arising as a result of injuries sustained by the applicant during or as a result of any course of instruction given the applicant by the Conservatory of Dance, Ltd.

Signature of Parents, Guardian, or Student (21 & Over)

\_\_\_\_\_  
Signature

**Category:**

Ballet: \_\_\_\_\_ Time: \_\_\_\_\_ Day(s): \_\_\_\_\_

Jazz: \_\_\_\_\_ Time: \_\_\_\_\_ Day(s): \_\_\_\_\_ Lyrical: \_\_\_\_\_ Day: \_\_\_\_\_

Number of classes per week: \_\_\_\_\_ Tuition per month: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Emergency: \_\_\_\_\_

Parent's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Student's Previous Training: \_\_\_\_\_

E-mail Address (optional) \_\_\_\_\_