



8704 Crispin St. * Philadelphia, PA 19136
(267) 475-7005 * PhilaDanceCenter@gmail.com

Student's Name: _____ Date of Birth: __/__/__

Parent/Guardian's Name(s) _____

Address: _____

Phone#: _____ E-Mail Address: _____

Emergency Contact: _____ Medical Conditions/Allergies: _____

NEW STUDENTS - How did you find out about our dance studio? _____

Dance Experience: _____

Registration Fee: \$30.00 for student. Paid: _____ Payment Type: _____ Date _____

Paid: 1st month: _____ Semester: _____ Full Year: _____

Credit Card: _____ Account# _____ Exp. _____ CVV. _____

____ I would like my card billed monthly before the 10th of each month. Initials: _____

*This card is kept on file and used if payment is not received by the 10th of each month. Unless other arrangements have been made.

CLASS ENROLLMENT:

Class: _____ Day: _____ Time: _____

Class: _____ Day: _____ Time: _____

Class: _____ Day: _____ Time: _____

Class: _____ Day: _____ Time: _____

Class: _____ Day: _____ Time: _____

UNLIMITED: _____

Total hours: _____

Total monthly class fee: _____ Initials: _____

I, the adult applicant or I, the parent or legal guardian of the applicant listed above, hereby give approval of the applicant's participation in any and all Philadelphia Dance Center programs and activities registered below. I do waive, release, absolve, indemnify and agree to hold harmless the organizers, sponsors, supervisors, participants and persons involved in the operation of Philadelphia Dance Center programs for any claims arising out of injury or other loss to named applicant or any member of his/her family whether as a participant in the activities or as a spectator. I also give permission for Philadelphia Dance Center to take photos of me or my child to use for the website and for purposes of promoting the school.

Financial Obligation: By signing below, I am responsible for payment of this account and agree to make all payments by the 10th of any given month. I understand that there is a \$30 a month late fee for any payment received after this date. If a check written is returned there is \$50 return check fee. Should my account become delinquent beyond 2 months my child may be asked to discontinue. Registration and costume deposits are non-refundable. All financial obligations include a Breach of Contract Agreement.



I have read and hereby agree to abide by the policies of Philadelphia Dance Center

Signed: _____ Date _____