



REGISTRATION FORM

Class _____

Registration Fee Paid _____

1ST Month's Tuition Paid _____
(Staff Use Only)

Please PRINT Clearly

Dancer's Name _____ Age _____

Address _____

City _____ Zip _____ Grade Attending in Fall _____

E-Mail Address _____

Birthday _____ Home Phone _____

Parents _____

Wk# _____ Wk# _____

Responsible Party (if different than parents) _____

Contact Number (if different than parents) _____

Please list any siblings enrolled at Denver Dance Starz:

_____ Class _____
_____ Class _____
_____ Class _____

Please list other classes THIS dancer is enrolled in at Denver Dance Starz:

Please read and sign the following agreement.

1. I have reviewed the studio rules and guidelines on the reverse side.
2. I understand that **tuition is due the first week of each month.**
3. I understand that **there is a \$10 late fee when tuition is not paid by the first week of the month.**
4. All fees (costumes, tuition, etc.) must be paid in full by the appropriate deadlines in order for my child to participate in the recital.
5. **All fees, tuition, etc. are non-refundable.**

Parent's Signature

Date