

# Registration Form for Academy of Dance

2431 N Tustin Ave #M-Q, Santa Ana CA 92705 Tel (714) 571-0443

Email: [contact@academyofdance.org](mailto:contact@academyofdance.org)

Students Name: \_\_\_\_\_ Student's email if applicable \_\_\_\_\_

Student's Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Students Birth date: \_\_\_\_\_  
                                    Month      Day      Year

Known Allergies or health conditions that AOD faculty/staff should be aware of:

BILLING NAME: \_\_\_\_\_

Parent/Guardian email: \_\_\_\_\_

Billing Address: (if different from student's address) \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ tel #: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ tel #: \_\_\_\_\_

I, \_\_\_\_\_ agree to pay full tuition before the *eighth day* of each month.

I understand that my credit card will be charged along with a \$10 late fee after 8<sup>th</sup> of the month along with a 3% service charge. I further agree that in the event of my child's withdrawal from class(es) I will provide Academy of Dance with a 30-day written notice of withdrawal or payment for said month

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete the section below**

**this is required as all late payments will be charged after the 8<sup>th</sup> of the month**

I \_\_\_\_\_ authorize the Academy of Dance to automatically charge my credit card after the 8<sup>th</sup> of the month for the outstanding tuition and late fee where applicable.

Signature of card holder: \_\_\_\_\_ Zip Code: \_\_\_\_\_ 3 digit code: \_\_\_\_\_

Visa/Mastercard #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Please register me for the following classes

DAY	TIME	CLASS	# OF HOURS
			<b>Total Hrs</b>

I will read the Academy of Dance tuition rules, including make-up classes & dress code information.

My child & I agree to respect the discipline of dance and abide by Academy of Dance's policies.  
 Please note that training simultaneously at another dance studio is both a conflict in training and could create a conflict in scheduling.

Parent/Guardian Name \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_