One Studio Dance
REGISTRATION FORM 2011.2012

FAMILY INFORMATION:

Family Name (This is the student's last name):_____ Home Phone:_____

Email:_____

Home Mailing Address:_____ Zip Code:_____

Mother's Full Name:_____ Work Ph:_____ Cell Ph:_____

Father's Full Name:_____ Work Ph:_____ Cell Ph:_____

Emergency Contact Name:_____ Phone:_____ Relationship:_____

STUDENT INFORMATION (If student is taking more than three classes, use backside of this page to add class info)
Location Key: O.S.(One Studio) **TBPS**(Thatcher Brook) **CBMS**(Crossett Brook) **WES**(Waitsfield Elementary)
JAZZ (Waterbury Jazzercise)

Student #1 Full Name_____ Age 9/1/11_____ Date of Birth_____ Grade 9/11____

Class_____ Day_____ Time_____ Circle Location: O.S. TBPS CBMS WES JAZZ

Class_____ Day_____ Time_____ Circle Location: O.S. TBPS CBMS WES JAZZ

Class_____ Day_____ Time_____ Circle Location: O.S. TBPS CBMS WES JAZZ

Health Issues/Allergies/Special Needs_____

Student #2 Full Name_____ Age 9/1/11_____ Date of Birth_____ Grade 9/11____

Class_____ Day_____ Time_____ Circle Location: O.S. TBPS CBMS WES JAZZ

Class_____ Day_____ Time_____ Circle Location: O.S. TBPS CBMS WES JAZZ

Class_____ Day_____ Time_____ Circle Location: O.S. TBPS CBMS WES JAZZ

Health Issues/Allergies/Special Needs_____

Student #3 Full Name_____ Age 9/1/11_____ Date of Birth_____ Grade 9/11____

Class_____ Day_____ Time_____ Circle Location: O.S. TBPS CBMS WES JAZZ

Class_____ Day_____ Time_____ Circle Location: O.S. TBPS CBMS WES JAZZ

Class_____ Day_____ Time_____ Circle Location: O.S. TBPS CBMS WES JAZZ

Health Issues/Allergies/Special Needs_____

TUITION PAYMENT INFORMATION:

□ Paying in full for the year by 9/1/11 with a Credit Card, Check or Cash ($15 discount)
□ 2 Payments (9/1/11 & 1/1/12) Cash, Check or Credit Card (Payments due by 1st of the month)
□ Monthly Autopay – 9 payments (Sept–May)automatic debit by credit/debit card or bank account (1st of each month)*
*Note: If you want to pay monthly by cash or check or make 2 payments by cash/check, we require a credit/debit card or bank account on file. If your payment is not made by the 10th of the month, we will automatically charge the credit/debit card or account on file.

Credit Card Payment Information:

Name on Card:_____ MC or Visa:_____ Exp Date:_____Zip Code:_____

Credit Card Number:_____ Signature:_____

Bank Account Information:

Name on Account:_____ Bank Name:_____

Routing Number:_____ Account Number:_____

RELEASE:

May we use your child's photo (without his/her name) in printed material or on our website (circle): Y N

I understand that even after responsible precautions have been taken, class activities may involve hazards for which One Studio Dance, Inc., its subcontractors, guest teachers and volunteers cannot be held responsible. In the event that my child becomes ill or injured during class, I authorize staff to seek emergency care.

_____ _____ _____
Name (Please Print) Signature Date

All Full Year Class Registrations must include a Registration Fee of $15/student or $25/family. No Reg. Fee for Mini-Session Classes.

Adminisrative Use Only: ___ Form Complete ___ Entered JRD ___ Tuition Form ___Registration Confirmation Sent ___ Entered CC ___ Registration Fee