

DIVINE RHYTHMS FALL REGISTRATION FORM - 2020/2021

Student Name(s): _____

Birthday(s): _____

Parent Name(s): _____

Address (street/city/zip): _____

Email Address: **Please print clearly, ALL communication is done via email** _____

Home #: _____ Cell #: _____

List all relatives that dance at DR: _____

List the classes you would like to register for, including class name, time, & age group:

DAYS OF THE WEEK	DANCE	ACRO	ART
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			

TOTAL # OF DANCE HOURS: _____ TOTAL # OF ACRO HOURS: _____ TOTAL # OF ART HOURS: _____

DATE REGISTERED: _____ AMOUNT PAID: _____

METHOD OF PAYMENT (CIRCLE): CASH VISA M/C DISC AMEX CHECK # _____

DEDUCT MONTHLY (CIRCLE): YES NO

CREDIT CARD #: _____ EXP DATE: _____

AMOUNT TO DEDUCT MONTHLY: \$ _____

PLEASE NOTE: Auto deduct occurs on the 1st of the month. In addition to your tuition (non-refundable), your account will also be deducted for costumes fees on the date they are due: Costume Deposits (non-refundable): 10/1 (\$50/class), Holiday Rentals: 11/1 (\$25/class if applicable) & Costume Balances: 2/1 (varies per class). PLEASE SIGN BELOW INDICATING YOU HAVE READ AND AGREE TO THESE TERMS, IN ADDITION TO OUR GENERAL POLICIES AS OUTLINED ON THE BACK OF THIS REGISTRATION FORM.

Signature: _____