SOUTH FLORIDA DANCE COMPANY
REGISTRATION FORM 2017-2018

529 NW Prima Vista Blvd., Suite 309 Port St. Lucie, FL 34983 Telephone (772) 336-1450 Fax (772) 336-1477
www.southfloridadance.com

STUDENT(S) ENROLLING:

1.First Name_____LastName_____D.O.B._____Sex:_____

2.First Name_____LastName_____D.O.B._____Sex:_____

3.First Name_____Last Name_____D.O.B._____Sex:_____

PARENT/GUARDIAN INFORMATION: (*PLEASE PRINT NEATLY)*

(Last)_____(First)_____

Home Address:_____ City_____State_____Zip____

Phone: (Home)_____(Work)_____(Cell)_____

(E-mail)_____

**Any Medical Condition:_____

**Emergency Contact:_____(phone)_____

Student #1 name:_____

Registering for:_____

Student #2 name:_____

Registering for:_____

Student #3 name:_____

Registering for:_____

*I understand that the remaining balanced must be paid in monthly installments due the 1st or 15th of every month by Direct Withdrawal from my account stated below. I authorize South Florida Dance Co. Inc. to debit my account every calendar month until I finish or discontinue my classes. (Visa, master, or EFT only)

_____ _____
Parent or Student Signature (if student is over 18) **Date**

Bank Name: _____Routing #_____Account #_____

(**OR**)

Card Number_____Exp date:_____CVV#_____

Billing Address:(Last)_____(First)_____

Home Address:_____City_____State_____Zip_____

Phone: (Home)_____(Work)_____(Cell)_____

Office use Only Please do not fill out this box*

Total Hours:_____ Monthly Tuition:_____ Yearly Total:_____

(-) Promotional/Family Discount: ____ 5% _____ 10% other_____

(+) Registration Fee: $45.00 Total:_____ Down payment:_____ Balance Due:_____

Policies and Guidelines

Please read and initial

_____I acknowledge to have read the terms of this agreement in its entirety. I understand that under the terms of this agreement, the Dance Studio obligates itself to furnish the student with competent instruction and suitable facilities for teaching lessons. All class sessions are supervised by qualified personnel trained in the procedures and traditions of dance instruction.

_____Student(s) hereby represent that he/she is physically able to take the prescribed course of instruction.

_____I understand that tuition is to be paid in the specified installments listed on page 2 of this form and is not affected by lesson schedule and/or attendance.

_____I acknowledge that **SFDC** is not responsible for any injuries a pupil may receive while on the premises. Each student assumes the risk involved in participating in any Dance related classes or performances. I release the school, its staff members, and any fellow students from any liabilities resulting from any personal injury and/or loss of personal property. I hereby agree to all terms and conditions of the liability waiver.

_____I will faithfully comply with all rules and regulations of South Florida Dance Company facility. I further understand that failure to complete the lessons does not relieve me of my obligation to pay the tuition in full. I also agree that no tuition will be returned to a student for any reason.

_____I authorize South Florida Dance Co. to debit (credit if necessary) my bank account using ACH or debit my credit card automatically on behalf of South Florida Dance Company operated by South Florida Dance Company Inc. for purposes of collection and distribution in accordance with my agreement with South Florida Dance Company. The information I have provided to the school and South Florida Dance Co.. is true and correct to the best of my knowledge. I further certify that the bank account I will be using fully complies with the provisions of the US law.

_____ I agree to pay the facility for the instructional services rendered the fee listed above, payable in installations as agreed. I understand that my account will be debited on the day and in the amount agreed to with the school. I acknowledge that there will be a $25.00 fee for each returned check due to insufficient funds and South Florida Dance Co. has my authorization to debit my account electronically. Note: a $10.00 late charge will be assessed for any payments seven days past due.

_____All parents and students will conduct themselves in the utmost appropriate manner at all times, including performances and events outside of the Facility, representing South Florida Dance Company. We reserve the right to forfeit this agreement and to remove a student from our studio for any actions we deem as misconduct and/or inappropriate by the student, family member, or friend of the student.

_____ I understand that the tuition in this agreement is a monthly tuition. Costume fees, tickets, photography packages, DVD's, performance fees etc.,are NOT included in the tuition. **If for any reason my child withdrawals from SFDC all future payments will be terminated. There is NO cancellation Fee.**

_____ There are No refunds at anytime, including missed classes for personal reasons, inclement weather or acts of God. I understand that if St. Lucie County Schools are closed due to inclement weather all classes will be canceled for that day as well. However, your account may be frozen due to a doctor documented medical excuse. These will be dealt with on an individual basis and are at the discretion of the executive Director.

_____SFDC will be videotaping and/or taking photographs of our students in class, special events and performances. We would like your permission to use these photographs for publicity purposes, and to show you and the community organizations some of the programs at SFDC.

_____ _____

Parent or Student Signature (if student is over 18) **Date**

_____

Printed Name