

Nicole Cote School of Dance Registration Form 2017-2018

SUBMIT WITH REGISTRATION FEE TO THE STUDIO

DANCER'S NAME _____ AGE _____

DANCER'S DATE OF BIRTH _____ HOME TELE _____ Cell _____

EMAIL ADDRESS: _____

PARENT or GUARDIAN'S NAME _____

GUARDIAN'S RELATIONSHIP TO DANCER _____

DANCER'S ADDRESS:(Street) _____ (state) _____ (zip) _____

PAYMENT PLAN YOU ARE USING (PLEASE CHECK ONE):

Option 1 : *Auto -Pay information (monthly draft)*

Name of responsible party _____ card type _____

card number _____ exp. Date _____ 3 digit code _____

Address of responsible party _____ (city) _____ (zip) _____

Option 2: *Monthly Payment Plan (due at the first of every month)*

Option 3: *One Lump Sum Payment for the year with 5% discount (discount only applies to those registering in August 2017)*

Monthly Tuition will be (please fill in) \$ _____

(I understand that Nicole Cote School of Dance charges a fiscal school year rate and is allowing me to pay this yearly rate is monthly installments. Payments are expected each month as long as my child continues throughout the entire school year. Monthly payments are for my convenience only and must be paid by check, cash, or auto pay. I am responsible for knowing when my payment is due and I realize that I am subject to a \$20.00 late fee if my payment is not in by the 5th of each month.) Monthly installments are based on the total number of weeks per season. No month is pro-rated at any given time including August and December.

(I understand that if at any time my monthly tuition is not paid by the 5th of the month, Nicole Cote School of Dance has the authority to debit the balance owed on my account from the above account information that I have provided. The late fee of \$20 will be included in the deduction of the monthly tuition. If in the event that the account is declined there will be a \$35 charge automatically applied to the account.

please check this box and sign below to acknowledge that you have read and agree to all of the studio's policies.

We sometimes use candid shots for advertisement and promotions. Do you give us permission to use images of your child for those purposes? Yes No

(payer's signature) _____ Date _____

CLASSES YOU ARE REGISTERING FOR: *(Please use separate sheet of paper if need)*

CLASS NAME	CLASS DAY	CLASS TIME	A, B, or C
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____