



Registration Form 2026-2027

How did you hear about us? Newspaper Website Performance Referral _____

Contact Information

Parent's Full Names _____

Primary Phone _____ Secondary Phone _____

Address _____

Email _____

Emergency Contact Name _____ Phone _____

Allergies: _____

New Student Returning Student # of years at Dance City _____

Previous Dance Experience _____

Performances: Holiday Spectacular yes no June Performance yes no

Please Print Clearly:

Student's Name _____

Age _____ Birthdate ____/____/____ Grade in 2026-2027 _____

School _____

Class #	Class Name	Day/ Time	Length	Price	
1.			45 60 75 90		
2.			45 60 75 90		
3.			45 60 75 90		3+ Gold Package 10% off
4.			45 60 75 90		4+Platinum Package 10%
5.			45 60 75 90		5+Diamond Package
6.			45 60 75 90		10% off, 6 th Class Free
Registration Fee: \$40 per student, or \$55per family, due at the time of registration.			Registration Fee:		Total:

If you add or drop a class after registration is complete, you are required to fill out a separate form.

Dance City & the Arts LLC reserves the right to cancel classes based on enrollment. During recital production week, the rehearsal schedule will change from the dancer's normal class day and time. If a student discontinues a class you will need to fill out and sign a class discontinuation form. **Thirty Days Written Notice is Required to Cancel and Stop Payments.** Students are not permitted in class and solos are not permitted if a customer is 30 days or greater behind on tuition payments. If any student's tuition is 60 days behind or greater for more than 10 days, all future tuition payments must go through the auto pay system or the entire balance must be paid in full for the season.

I understand that there may be cancellations (weather, etc.) that will not affect the amount of the total tuition, as cancelled classes may be made up in a similar class.

Photo Consent- I give Dance City & the Arts LLC permission to use photographs of my child in any ads or promotions.

Warning: Participation in dance or any physical activity could result in injury. I understand that by signing this form that I waive any right to hold Julie Rizzo or anyone affiliated with Dance City & the Arts LLC responsible for any injuries or damage of property that might occur during participation of class or any event sponsored by this business.

Parent/Guardian _____ Date _____

I agree to pay tuition: Monthly in Person Automatic Monthly Deduction (Please fill out the attached Auto Pay Form)

Payment Method: Credit Card Checking Account INITIALS _____

OFFICE USE ONLY Amount Paid Today \$ _____ Family Fixed Fee: _____

Method _____ Staff Signature _____