



REGISTRATION FORM FOR THE 2017-2018 SCHOOL YEAR

Director: Brigitt Boucha www.danceworksofmi.com

2456 N. Cedar Street Holt, MI 48842 Tel: 517-694-7667

Personal Information

Student's Name _____ Age _____ Birthdate _____

Name of Parents or Guardians _____

Address _____ City _____ Zip _____

Mom's Home# _____ Work# _____ Cell# _____ Email _____

Dad's Home# _____ Work# _____ Cell# _____ Email _____

Students Cell# _____ Email _____

Your Classes

Class _____ Day _____ Time _____ Tuition _____ Discount _____ Total _____

Class _____ Day _____ Time _____ Tuition _____ Discount _____ Total _____

Class _____ Day _____ Time _____ Tuition _____ Discount _____ Total _____

Class _____ Day _____ Time _____ Tuition _____ Discount _____ Total _____

Class _____ Day _____ Time _____ Tuition _____ Discount _____ Total _____

Date: _____ Parent/Guardian Signature: _____

Choose Payment Option- Check, Cash, Credit Card, Auto Payment Per Term, Pay Year-in-Full w/5% Disc.

Paid Check # _____ Paid Cash _____ Paid MC _____ Visa _____ Authorizaton # _____

Registration Fee: (\$20.00 per student annually) x _____ = _____ with gift _____

Tuition Total: _____ Balance Due: _____ Balance Paid: _____

Auto Pay by MC VISA Card # _____ Exp: _____ Sec. Code _____

I hereby authorize Danceworks of Michigan, LLC to charge my account the quarterly term tuition stated above on the beginning date of the term. I will give the office one month written notice to discontinue these charges.

Billing Signature: _____

1st Costume Deposit \$30.00 per class. 1st Payment due Nov. 13, 2017; 2nd \$30.00 per class due Jan. 22, 2018. Balance due (if any) March 26, 2018 \$60.00 total x _____ classes = _____

I understand that tuition must be paid-in-full on time to receive the discounts. There is also a \$5.00 late fee after the 10th day of the term, and an additional \$5.00 per month after the 2nd month. There is a \$35.00 NSF Fee on any cancelled or returned checks. There is an additional 3% charge on all credit card transactions.

Danceworks of Michigan, LLC

Parent Information Sheet

Year:

Student(s) Name(s): _____

Parents Addresses: _____

Mom or Dad if different than above: _____

Place of Employment - One or both if responsible for contributing to tuition payments

Please include full name

Mother: _____ Job Title: _____

Name of business: _____

Address: _____

Phone: _____ E-mail: _____

Father: _____ Job Title: _____

Name of business: _____

Address: _____

Phone: _____ E-mail: _____

Driver's License- Photo copy here:

Parent signature: _____ Date: _____

Must be completed and on file at the time of registration.