



Since 1970

Registration Form

Student Name: _____

Address: _____

City, State, Zip Code: _____

Birthdate: _____ Referred By: _____

Home Phone: _____ Cell: _____ Work: _____

E-mail Address: _____

Parent/Guardian Name: _____

Previous Training: _____

By signing below, I agree to the following:

1. Tuition is due by the 1st of each month.
2. Unless Dance Arts Center is notified of any class changes/cancellations/holds, in writing, 30 days in advance, billing will remain continuous.
3. I have received a copy of Dance Arts Center's Student Handbook.

Student Signature/Date

Parent/Guardian Signature/Date

For DAC Office Use Only

Date: _____ Amount Paid: _____

Class/Teacher: _____

Comments: _____

For (PL): _____ (S): _____ (R): _____ In computer? _____ Student ID#: _____