

Carolina Dance Center Summer Class 2019 Registration

HOW DID YOU HEAR ABOUT US? (circle one)

website friend drove by Carolina Parent School Folder Yellow Pages other

1 PARENT/GUARDIAN _____ EMAIL _____

Home phone # _____ Cell phone # _____ Work phone # _____

2 PARENT/GUARDIAN _____ EMAIL _____

Home phone # _____ Cell phone # _____ Work phone # _____

STREET ADDRESS _____ City/State _____ Zip code _____

EMERGENCY CONTACT (other than parent) _____ Phone _____

STUDENT'S FIRST NAME _____ LAST NAME _____

Birth date _____ Current age _____ Gender _____ School _____

Medical concerns/special needs (if any) _____

Previous dance experience _____

	Class Title	Days	Times
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Payment Calculation

Total Hours of classes _____

Tuition (see chart on schedule) _____

(Sibling Discount -classes only) _____ (-10%)

Total Due _____

____ (Please initial) I understand that Summer afternoon/evening class tuition may be refunded before May 25th minus a \$35 cancellation fee.

____ (Please initial) I acknowledge that I have read and agree to the policies of the Carolina Dance Center as outlined on the Enrollment Policies page (located in the 2019 Summer Schedule Booklet).

Parent/Student (if over 18) Signature _____ Date _____