

Toe 2 Toe Dance, LLC

Registration Form

Note: Registration Fee (\$30.00) must accompany Registration Form in order to reserve class space.

Student Information

Name: _____

Address: _____

City: _____, NC Zip Code: _____

Home Telephone: _____

Email Address (if student is over 18 years old) _____

Date of Birth _____ School Grade Level _____ School _____

Previous Dance Experience: ____ Yes ____ No

If yes, number of years and what form of dance: _____

How did you hear about us? _____

Parents' Information (Please complete if student is under 18 years old)

Mother's Name: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

Mobile Telephone: _____ Email address: _____

Father's Name: _____

Address (if different): _____

Home Telephone: _____ Work Telephone: _____

Mobile Telephone: _____ Email address: _____

Health & Emergency Contact Information

NOTE: parents will be notified first. Please list someone other than a parent.

Name: _____ Telephone Number: _____

Relationship to Student: _____

Doctor's Name: _____ Telephone: _____

Please list any allergies or special needs that we should know about: _____

Pick Up

Name and relationship of Persons authorized to pick up student from dance: _____

Desired Class Enrollment:	1. _____	\$45.00
	2. _____	\$30.00
	3. _____	\$30.00
	4. _____	\$30.00
	5. _____	\$30.00
	6. Tumbling (w/ dance \$35.00)	\$45.00
	* Registration Fee	\$30.00
	* Stage Fee (due September 1)	\$50.00
	* Costume Fee (paid monthly)	\$9.00

Payment Schedule Selected: _____ Full Year (10% Discount) _____ Monthly Installments

Payment Terms:

Tuition is due at the 1st of every month.
 There will be a \$15.00 late fee for all payments received after the 5th of each month.
 The \$50.00 Stage Fee is due with September tuition payment.
 There will be one Stage Fee per household.
 All payments to be mailed to Toe 2 Toe Dance, LLC, P.O. Box 8093, Wilson, NC 27896.
 Once registered, students will be charged for classes, whether or not they attend.
 There will be no refunds.

Location & Mailing Address

Studio location is 3475-A Airport Boulevard, Wilson, NC in the Airport Commons Shopping Center.
Mailing Address is: Toe 2 Toe Dance, LLC, P.O. Box 8093, Wilson, NC 27896.

Term of Agreement: The term of this agreement will be from the date that classes start in the fall through the school year.

Parental Consent & Indemnity

I have been fully informed as to the nature of the activities in which my child or I will be participating in the classes for which my child or I have registered, as well as potential risks which could be involved. I have been given an opportunity to ask any questions and I have received satisfactory response. I agree to indemnify and hold harmless the Toe 2 Toe Dance, LLC, its owners and employees, from and against any and all claims, suits, actions, damages and/or causes of action, brought by any person, or other entity, arising out of participation in this activity, for any personal injury, loss of life, property damage or loss, and from all costs, expenses and liability incurred as a result of any such claim. I also give permission for treatment of any injury and/or illness in the event of an emergency and I am unable to give consent. A copy of this authorization shall be as effective as the original.

Termination of Agreement

Either the undersigned or Toe 2 Toe Dance, LLC may terminate this agreement for any reason or no reason at all upon 30 days' written notice.

Miscellaneous

This Agreement signed by both parties constitutes a final written expression of all the terms of this Agreement and is a complete and exclusive statement of those terms. This Agreement shall be binding upon the parties, their heirs and assigns, and may be modified or rescinded only by a writing signed by both parties. Waiver by either the undersigned or Toe 2 Toe Dance, LLC of a breach by the other party of any provision of this Agreement is not a waiver of future compliance with the provision, and the provision remains in full force.

I am enrolling myself and/or my child at Toe 2 Toe Dance, LLC. I have read and understand the terms of enrollment as set forth above, and I am the party who will be responsible for payment.

Signature: _____
 Printed Name: _____
 Date: _____

Enrollment Date: _____
 Registration Received: _____ Date Paid: _____ Cash/Check #: _____ Debit/ Credit
 Stage Fee Received Date Paid: _____ Number of dancers in household _____