

CHARLEE'S ELITE SCHOOL OF DANCE

2011-2012 Fall Class Registration

Last Name: _____ Mother's Name: _____ Father's Name: _____
 Mailing Address: _____ City: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Email Address: _____ 2nd Email Address: _____
 Emergency Contact Name: _____ Phone 1: _____ Phone 2: _____
 Allergies: _____

By initialing here you allow CESOD to release your name, phone # and Email address on a contacts list.
 (This WILL NOT be released to anyone outside this studio. This is so students in classes can get names and numbers for carpool purposes, etc.)

I, _____, the parent or legal guardian of _____, hereby give permission for my child to participate in all activities with CESOD. I agree that we will comply with CESOD's rules, policies and procedures as they exist. I understand that dance instruction, performance, and related activities involve some risk of injury or harm, and I assume all liability (whether for injuries or otherwise) arising out of my child's participation in any such activities. I agree to indemnify and to hold CESOD and its owners and employees harmless from and against any and all liability, damages, costs, claims, and expenses incurred by any of them in connection with my child's participation in any CESOD activity. IF CESOD determines that an injury suffered by my child requires medical attention, I understand that CESOD will make every reasonable effort to contact me. I hereby give permission for emergency medical treatment to be given to my child by providers chosen by CESOD. By signing below, I further bind myself, my child, and our respective heirs, executors, administrators, successors and assigns.

Parent/Legal Guardian Signature: _____ Date: _____

Dancer #1 Name	Birth Date	Class Name	Day	Time	Class Fee	Discount	Office Use
						Pay 100%	
						10% off	
						15% off	
						20% off	
						20% off	
Dancer #2 Name	Birth Date	Class Name	Day	Time	Class Fee	Discount	Office Use
						Pay 100%	
						10% off	
						15% off	
Dancer #3 Name	Birth Date	Class Name	Day	Time	Class Fee	Discount	Office Use
						Pay 100%	
						10% off	
						15% off	

Dancer #1 Monthly Fee	
Dancer #2 Monthly Fee	
Dancer #3 Monthly Fee	

Registration Fee \$25.00 waived for current CESOD students (\$26.50 with tax)	
Costume Deposit \$25.00 (26.50 with tax)	
Recital Fee \$85 or \$150.00 (\$90.10 and \$159 with tax)	
Total Due @ Registration	

Automatic debit/credit card payment option is available. Please check this box if you are interested. Forms are available on-line and in the One Stop Elite Dance Shop



I understand that tuition is due on the 1st of every month and a \$10.60 fee will be added to my account if this tuition is not paid by the 10th of the same month. I agree to notify CESOD in writing in the event that my dancer is unable to participate in the June recital by October 1, 2011 in order to receive a refund of my recital fee. If this notice is not provided, I will not get my recital deposit returned and I am financially responsible for costumes that are ordered for my dancer(s). If, for any reason, my dancer or tumbler needs to quit a class before the end of the dance season, I will fill out the Add/Drop form by the 1st of the prior month to avoid further tuition charges. If my account becomes 90 days past due, I realize that it will be considered delinquent and it will be forwarded to a third party.

Signature: _____ Date: _____