

Registration Form

Please fill form out completely and neatly!

New Student? Yes No If **Yes**, referred by: _____

Student Name: _____

Address: _____

City: _____ Zip Code: _____

Phone: _____ Birth Date: _____ (MM/DD/YY) Age: _____

School Child Attends: _____

Dance Experience and Where: _____

In case we need to contact you

Mothers Name: _____ Work / Cell: _____

Fathers Name: _____ Work / Cell: _____

Email Address: _____ **Used for newsletters,
studio closings etc.**
Or send an email to newsletter@ginasschoolofdance.com

Emergency Contact: _____ Phone: _____
(Other than parents)

Medical Concerns (If any): _____

How did you here about Gina's School of Dance? _____

Class Day / Time (to be filled out by staff)

Please enter your 1st class choice 1. _____

Please enter your 2nd class choice 2. _____

Please enter your 3rd class choice 3. _____

* You will be contacted about any changes in the schedule if it pertains to you.

* Please call the dance studio at 815-467-7582 with any questions.

First installment / Tuition	\$	_____	Cash / Check #	_____
Yearly Registration Fee \$10	\$	_____		<i>Make checks out to Gina's School of Dance</i>
Total amount due at registration	\$	_____	Credit Card#	_____
			Expiration Date	_____

I am enrolling my child in dance classes at Gina's School Of Dance and understand that classes run through the end of the school year. I am also agreeing to be responsible for payment for the entire term (10 months) regardless of attendance. Once any fee is paid, including but not limited to tuition, costume, tights, shoes, or recital fee, there is absolutely no refund. I understand that payments are due on the 15th of the preceding month regardless of any absences. I have read the parent handbook and understand the rules therein.

Late payments are charged as follows:

\$10 for 1 - 6 days late, \$15 for 7 - 13 days late, \$20 for 14 - 20 days late, \$25 for 21+ days late

I also understand that from time to time we are asked to do special performances such as Minooka Fest, Nursing homes, etc. There may be extra practices that my child may have to attend if his/her class is chosen.

There may be an additional charge for the extra classes.

Signature of Adult Responsible for Payment _____ Date _____



Gina's School of Dance

637 W. Mondamin St.

Minooka, IL 60447

815-467-7582

For office use only:

_____ Date Registered

_____ Registration Fee (\$10)

_____ Paid (Non-refundable)