# REGISTRATION FORM

Please print clearly to fill out your registration form and update us with any changes in the future.

Deborah Messinger SCHOOL OF DANCE

## DANCER INFORMATION

First Name: _____ Last Name: _____

Gender: ☐ Female ☐ Male Birth Date: M M / D D / Y Y Y Y

Home Address: _____

City: _____ State: ☐☐ Zip Code: ☐☐☐☐☐

Home Phone: ☐☐☐ - ☐☐☐ - ☐☐☐☐

Medical conditions and/or special circumstances: _____

How did you hear about us? _____

Previous dance experience: _____

## PARENT INFORMATION (Primary Contact)

First Name: _____ Last Name: _____

Email Address: _____

Mobile Phone: ☐☐☐ - ☐☐☐ - ☐☐☐☐ Notes: _____

## PARENT INFORMATION (Secondary Contact)

First Name: _____ Last Name: _____

Mobile Phone: ☐☐☐ - ☐☐☐ - ☐☐☐☐ Notes: _____

## EMERGENCY CONTACT (other than parent)

First Name: _____ Last Name: _____

Mobile Phone: ☐☐☐ - ☐☐☐ - ☐☐☐☐

Relation to student: _____

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## CLASS INFORMATION (OFFICE USE)

| | Class Name | Day of Week | Start Time | End Time | Monthly Tuition Fee |
|---|---|---|---|---|---|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |
| 8. | | | | | |
| 9. | | | | | |

Total monthly tuition Fees:

## CALCULATING YOUR MONTHLY TUITION

| Length of Dance Class | Tuition |
|---|---|
| Annual Registration Fee | $40 (Returning) |
| | $45 (New) |
| | $50 (Returning) |
| | $55 (New) |
| 30 minute class | $54 per month |
| 45 minute class | $75 per month |
| 60 minute class | $80 per month |
| 75 minute class | $98 per month |

I have completed all of the necessary documents to enroll my dancer. I understand the personal and financial responsibilities associated with registering at Deborah Messinger School of Dance. I have obtained, read and agreed to the terms, conditions and waivers set forth by Deborah Messinger School of Dance prior to attending classes.

Parents/Guardian Signature _____ Date _____

# PRE-AUTHORIZED DEBIT (PAD)

*Please print clearly*

Deborah Messinger School of Dance

Deborah Messinger School of Dance is an honest and transparent company. That means NO hidden fees, NO surprise fees and the confidence and clarity you need before committing your child to our progressive dance program. Before you register, we take the time to help you understand your financial commitment involved in being a part of our dance studio.

**Fill out credit card details:**

**Credit Card Number -** (16 digits)

**Expiration -** (4 digits)

**CSV -** (3 or 4 digits)

Cardholder's full name as it appears on the card

Cardholder's Signature

Date

## Cardholder's Information

First Name Last Name

Email

Address

City State Zip Code

Dancer's Full Name

Cardholder's Relation to Dancer

## Payment Details - September through June

Amount

**Monthly**
Frequency

**_____of the month (you choose date)**
Process Date - *Select any day between the 1st-7th.*

**I authorize Deborah Messinger School of Dance to charge my credit card as outlined in the payment terms of this agreement.**

This authority is to remain in effect until Deborah Messinger School of Dance has received written notification from me/us of its change or termination. This notification must be received at least 14 days before the next charge is scheduled at the address provided below. No refunds will be issued.

In difficult times, one may call the office by the 15th of the month in order to hold next month's payment.

Cardholder's Signature

Date

Please return this form immediately to:
Deborah Messinger School of Dance • 27400 SE Stark St. · Troutdale, OR 97060
infodeborahmessingerschoolofdance.com • Text: (503) 896-3936