Enrollment Registration - Terms & Conditions

NAME:	DATE OF BIRTH:	EMAIL ADDRESS:
PARENT'S NAME IF STUDENT IS UNDER (18) YEARS OF AGE:	HOME PHONE:	EMERGENCY CONTACT NAME & PHONE:
ADDRESS:	CELL PHONE:	
CITY STATE ZIP	WORK PHONE:	**Registration Fee:** $
Today's Date: / /		**Costume Deposit:** $
Billing Date: / /		**First Months Tuition:** $
Payments: ☐ Monthly ☐ Trimester ☐ Annual	☐ Check ☐ Credit Card	**Last Months Tuition:** $
Amount Paid: $	☐ Cash ☐ Auto Withdrawal	**Amount Due:** $

How Did You Hear About DVDA:

☐ Yellow Pages ☐ Web ☐ Post Card ☐ Bumper Sticker ☐ ValPak / $$Mailer ☐ Newspaper ☐ Yard Sign / Drive By

☐ Referral _____ ☐ Other _____

Notes: _____

Class Desired: _____
Day / Time: _____

Previous Dance Experience:
(Number of Years and Studio Name)

Class Desired: _____
Day / Time: _____

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1. ASSUMPTION OF RISK AND WAIVER: I, the undersigned parent/guardian of the participant listed above, do hereby give permission for her/him to participate in dance classes at DVDA. I understand that there is the possibility of physical injury. I hereby waive, release and forever discharge any and all rights and claims for damages which may arise now or in the future against any DVDA representative. I authorize DVDA to use their best judgment in any emergency.

2. RULES: Rules and safety requirements must be followed. Any student not following the guidelines may be removed without refund or reimbursement to the student, parent or guardian.

3. RELEASE: I hereby give permission for my child to be used in photographs and/or videos for promotional and marketing purposes of DVDA.

4. TUITION PAYMENT POLICY: All tuition payments are due the 1st of each month. Payments made after the 7th of the month will be assessed a $20 late fee. At registration, all students will provide Credit Card information. Payments not received by the 15th of the month will be charged to the credit card on file. There are no tuition refunds for missed classes or discontinuance of classes. Make-up classes are strongly encouraged and can be taken during any appropriate level class prior to the end of term.

5. RETURNED CHECK FEE: All returned checks will be assessed a $45 service fee.

6. BUYERS RIGHT TO CANCEL: If you wish to cancel your enrollment you may cancel using one of the following two methods only: (1) deliver a "Notice of Withdrawal" form to Delaware Valley Dance Academy in person, or (2) mail a "Notice of Withdrawal", certified mail, return receipt requested. The notice must be signed and dated. As stated above, you fully understand that 30 days after the date that we receive your cancellation notice, all billing will cease and your enrollment in DVDA will be cancelled. Except as provided elsewhere in this agreement, buyer shall not be relieved of his/her obligation to make monthly payment, and no deduction or allowance from any such payment shall be made because of student's failure to attend class or use DVDA's facilities. **"NOTICE OF WITHDRAWAL" FORM MUST BE COMPLETED AND ALL OUTSTANDING FEES PAID IN FULL IN ORDER TO CLOSE AN ACCOUNT.**

Student's/Parent's Signature: _____ Date: _____

DVDA Signature: _____ Date: _____

*Checks Made Payable To : Delaware Valley Dance Academy   **Fees Are Non-Refundable

Credit Card Authorization Form

Parent/Guardian Name: _____

Student Name: _____

Start Date: _____

I authorize Delaware Valley Dance Academy to bill my Credit Card as appropriate, in accordance with DVDA tuition policy, for services rendered to me or a member of my family. I understand that the Credit Card listed below will be charged for Monthly, Trimester or Late Payments. All monthly and trimester payments will be charged on or about the 1st day of the month.

MasterCard: _____   Visa: _____   Discover: _____   AMEX: _____

Card Holder Name: _____

Card Holder Signature: _____

Card Number: _____   Card Verification Code (CVC2): _____

Card Expiration Date: _____

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Attach a copy of the Credit Card to this form.