

Banbury School of Dance

New Student Registration Form

Today's Date ____/____/____

Dancer's Name _____ Date of Birth _____

Parent Name(s) _____

Street Address _____ City _____ Zip _____

Phone Numbers _____

Email _____

Emergency Contact _____

Is there any medical condition we should be aware of?

How did you hear about our studio?

Parent Agreement

- **Tuition Payment/Late Fees/Returned Checks:** I am fully aware that if my monthly tuition is not paid in full by the 14th day of the month, there will be a \$10 fee posted to my account. I am aware that I can pay online at www.banburydance.com anytime. I am aware that the returned check fee is \$25.
- **Make-ups:** am fully aware that Make-ups are by reservation only and must be completed while student is enrolled in class. Make-ups must be completed within 30 days of the missed class. There are no refunds, credits or pro-rating for missed classes.
- **Authorization and Release:** I am fully aware that any activity involving motion or height creates the possibility of serious injury. I further agree to hold Banbury School of Dance and its staff members harmless for any injury or resulting expense. I release and discharge any and all rights and claims against Banbury School of Dance.
- **Publicity Authorization:** Banbury School of Dance has my permission to use pictures of my child taken at Banbury School of Dance or functions that BSD is participating in, on their websites, displays or media releases.

Date _____ Parent: _____ Parent Name: _____
(Please Print)

For Office Use Only

Payment: _____ Tuition	Classes Attended _____
+ _____ Registration	Monthly Tuition _____
+ _____ Other	Cash or Check# _____
= _____ Total Payment	