

DANCE EXPRESS

859-581-4062

725 Alexandria Pike, Fort Thomas, KY 41075

DanceExpressNKY.com

2017 - 2018 REGISTRATION FORM

Student's Name _____ Age _____ Birth Date _____

Street Address _____ Phone () _____

City _____ State _____ Zip Code _____

Mother's Name _____ Cell # () _____

Father's Name _____ Cell # () _____

Emergency Contact _____ Relation _____ Phone () _____

E-Mail Address #1 _____ #2 _____

** Please Note: E-Mail is the preferred method for communicating important information throughout the dance year. **

** Please allow or add danceexpress@fuse.net to your Safe Sender list (under junk mail options) to ensure you receive our emails. **

Are there any physical or emotional problems we should be aware of?

What classes are you interested in?

___ DANCE ___ POINTE ___ TUMBLING ___ CHEER / TUMBLING ___ HIP HOP

PICTURE USE ON OUR WEB SITE

Student pictures will periodically appear (without names) on our Web site.

Yes, you have my permission to use my child's picture (without name) on your web site.

No, you do not have my permission to use my child's picture (without name) on your web site.

WAIVER OF LIABILITY

Any activity involving height or motion incurs the possibility of accidental injury. While it is our express intention at Dance Express to provide for the safety and protection of your child, it is expressly asserted that Dance Express shall not be held liable for any injury sustained while your child is under our instruction, supervision or control.

The parents/guardians of _____ hereby agree to individually protect the possible future medical expense incurred as a result of any injury sustained while training or performing at or for Dance Express.

This agreement and waiver, having been read thoroughly and understood completely, is signed voluntarily as to its contents and intent.

Parent/Guardian Signature _____ Date _____

**** Registration Fee: \$20 per family before July 31st and \$30 per family after July 31st ****

OFFICE USE ONLY

Monthly Amount _____ Receipt _____ CASH _____ CHECK # _____

Registration Fee _____ Class Day _____ Class Time _____



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Payment Form

All accounts must have a valid credit card on file. As a convenience, we will be offering automatic payments by credit or debit card. (An additional \$1 auto-pay fee will be applied to each payment.) To avoid late fees, we recommend having your account set up for automatic payments. Automatic tuition payments are processed between the 1st and 5th of each month. Tuition is due by the 20th. If tuition is not paid by the 20th of the month a \$10 late fee will be added and the credit card on file will be charged. In the event a credit card is declined you will be notified by email and instructed to update your card on file. If your credit card information is not updated and tuition paid before the end of the month, additional monthly late fees will be applied.

This form **MUST** be filled out each year. We **WILL NOT** automatically use your information from the previous year. We destroy credit/debit card information at the end of each dance year.

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Student(s)Name(s): _____

Class Day(s)/Time(s): _____

Monthly Total: _____

Method of Payment:() American Express () Visa () Mastercard () Discover () Debit

Credit Card # _____

Cardholder's Name _____

Billing Address for Card _____

Expiration Date: _____ Three Digit Security Code: _____

Phone: _____ Email Address: _____

- () I wish to automatically charge monthly tuition payments only plus the additional \$1.00 auto-pay fee. (Your card will be charged tuition payments between the 1st and 5th of every month.)
- () I wish to automatically charge all tuition and costume fees plus the additional \$1.00 auto-pay fee. (Your card will be charged tuition payments between the 1st and 5th of every month. Costume deposit/balance charge dates will be listed in the monthly newsletter.)
- () I will pay (by cash or check) before the 20th of each month. I understand that if tuition is not paid by the 20th of the month a \$10 late fee will be added and the credit card on file will be automatically charged. I will also submit costume deposit/balance before the payment due dates.

I, _____, authorize Dance Express to automatically apply charges to my debit/credit card as indicated above during the 2017/2018 season.

SIGNATURE: _____ DATE: _____

THIS AUTHORIZATION WILL EXPIRE AFTER FINAL BILLING / PAYMENT IS CLEARED FOR THE 2017/2018 SEASON