

2010-2011 Allegro Dance Academy Registration Form  
PO Box 923 Nashua, NH 03061

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade (10-11) \_\_\_\_\_

Parent/Guardian Name (s) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian 1 Name \_\_\_\_\_ Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian 2 Name \_\_\_\_\_ Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact (other than Parents) \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Class #1 Day/Time/Name \_\_\_\_\_

Class #2 Day/Time/Name \_\_\_\_\_

Class #3 Day/Time/Name \_\_\_\_\_

Class #4 Day/Time/Name \_\_\_\_\_

Class #5 Day/Time/Name \_\_\_\_\_

Payment Method (Check One): \_\_ CASH \_\_ CHECK \_\_ MASTERCARD \_\_ VISA

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I authorize ADA to charge my credit card \$\_\_\_\_\_ on the 1<sup>st</sup> of the month from now until May 2011.

Signature: \_\_\_\_\_

Please list any special needs, medications or allergies.

How did you hear about Allegro? (Please be specific! For example...if you were referred by a friend, we'd like to thank them!)

**PLEASE READ & COMPLETE  
OTHER SIDE!**

**Office Use Only**

- Date Registered: \_\_\_/\_\_\_/\_\_\_
- Registration Fee Rec'd: \_\_\_\_\_
- First Tuition Installment Rec'd \_\_\_\_\_
- Total Paid at Registration: \_\_\_\_\_
- Check #, CC Type, or Cash Rec'd: \_\_\_\_\_
- Signed Policy Sheet
- Entered into the Studio Director

**PLEASE READ & COMPLETE  
OTHER SIDE!**

## PAYMENT CONTRACT

I understand that I have entered into a payment obligation for the period in which I am enrolled in the dance program at Allegro Dance Academy, LLC (hereinafter referred to as ADA). I understand that my total tuition has been divided into **ten full monthly payments**. These payments are **due on or before the 5<sup>th</sup> calendar day of each month**, from the time I register through May to avoid a **\$25 late charge**. If I terminate my enrollment at any time during the dance program, I must sign a drop form or I will be liable to pay for all classes in which I am enrolled in at that time, even if I have not been attending classes. I also understand that if I provide my credit card information for monthly tuition charges, I am authorizing ADA to charge my credit card the **1<sup>st</sup> of each month** for the total tuition amount. If there are outstanding balances (costumes, etc.), I understand that these charges will also be charged to my credit card. If my credit card is declined, I recognize that I will receive an email notifying me of that fact and that I will need to provide payment before the 5<sup>th</sup> or I will owe the \$25 late fee. There will also be **an additional \$10 late fee** if I do not pay by the 10<sup>th</sup> of the month. I further acknowledge that there is a **\$35 bounced check fee**.

I also understand that I will be responsible for purchasing costumes for each class my child enrolls in. I understand that there will be a **\$50 deposit per class** due November 15 and balance(s) due March 15. If the balance is not paid in full, a **\$10 late fee per costume** will be added to my account. If my account is not paid in full when costumes are to be sent home, I understand I will not be permitted to take my costumes.

Tuition payments are non-refundable. If I choose, I may pay the remaining balance of my total tuition in advance at any time during the ten months. By doing this, I understand that my tuition payment is non-refundable if I should terminate the dance program.

If I am unable to continue classes or must take a leave of absence from classes at ADA due to injury, I am responsible to supply a medical note from my physician in order to receive a refund or to have a medical hold placed on my account.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Parent/Guardian signature for persons under age 18)

STUDENT NAME \_\_\_\_\_

## LIABILITY DISCLAIMER

I do not hold ADA and/or its instructors liable for personal injuries occurring during class time, rehearsals, dance conventions, competitions or performances on or off the premises. I understand that this is a physical activity and injuries may occur. I understand that I may decline to participate in an activity which may be harmful and I am responsible to inform the instructors of any physical limitations which may prevent my full participation in class. I also understand that ADA and/or its instructors are not liable for loss of or damage to personal property.

I further give Allegro Dance Academy and Kristin Garland of KKG Photography permission to use my words in testimonials and/or capture and publish my photograph in printed publications, advertisements or on the ADA website without compensation or right to ownership.

I understand and agree with the above statements.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Parent/Guardian signature for persons under age 18)

STUDENT NAME \_\_\_\_\_