

2011 - 2012 REGISTRATION FORM

Please fill out one form per student.
All information must be filled in for **each** individual student.



PRIMARY PARENT INFORMATION

Name _____
Address _____
Town _____ Zip Code _____
Phone _____ Cell _____
Email _____

Billing Parent (if different than above):

Name _____
Address _____ Town _____
Zip Code _____ Cell _____

STUDENT INFORMATION

Name _____
Date of Birth _____ Cell _____
Student Email _____
School Attending _____
Entering Grade (2011) _____

If primary parent cannot be reached:

Emergency Contact Name _____
Phone _____ Cell _____

TUITION/FEES (Non Refundable)

1 class/week (3 yrs/4 yrs/grade K)	\$650	2 classes/week	\$1350	5 classes/week	\$2750
2 classes/week (grade K)	\$1300	3 classes/week	\$1850	6 classes/week	\$3200
1 class/week (1st grade and above)	\$675	4 classes/week	\$2350	7 classes/week	\$3600
5% discount on total tuition for families enrolling 2 or more students (does not apply to costume fees)		Recital Costume Fee/Per Class \$85		Unlimited classes \$3900	

CLASSES REGISTERING FOR (Type/Level/Day/Time) i.e., Jazz IB /Wed. /4:00pm

1. _____ 6. _____
2. _____ 7. _____
3. _____ 8. _____
4. _____ 9. _____
5. _____ 10. _____

Class Tuition Total: \$ _____ Number of Classes/Costumes x \$85: \$ _____ TOTAL TUITION/FEES: \$ _____

PAYMENT for 1 class per week, per student, **must be paid in full at time of registration.**

PAYMENT for 2 or more classes per week, per student may be paid in full or in 2 installments, 1st installment due at registration, 2nd installment due on 10/1/11. If paying 2 installments by check you must leave us a check dated 10/1/11 for the 2nd installment, no exceptions.

MC/VISA Card # _____ Exp. Date _____ 3 Digit Code on Back _____

Name on Card _____ Full Payment by Credit Card 2 Installments by Credit Card

Billing address for card: Same as parent info OR: Address _____ Town _____ Zip _____

If registering in person, please fill in your credit card information above and bring the card with you for us to swipe.

Full Payment Check # _____ OR: 1st Installment Check # _____ 2nd Installment Check # _____

Signature below authorizes us to charge your credit card at registration and on October 1, 2011 for the 2nd payment (if that credit card option is chosen) and confirms that you clearly understand there are no refunds. Signature also confirms that both student and parent/guardian grant Westport's Academy of Dance and their contracted agents permission to use photography and video material obtained as part of the student's participation in classes, rehearsals and performances in any promotional and/or entertainment-related efforts and furthermore releases Westport's Academy of Dance and their agents from any and all claims, actions and demands arising out of or in connection with the use of said material.

Signature _____ Printed Name _____ Date _____

(Required for all payment methods)

Studio: 203.226.9987 Fax: 203.226.1589 Email: contact@westportdance.com Web: westportdance.com

How did you hear about us?

Newspaper Ad: Which paper? _____

Online: Which site? _____

Word of Mouth

Referred by: _____

Returning Student