

Revolutions Dance Company

Telephone: 407-416-6739 12789
650 North Alafaya Trail, Suite 113
Orlando, Florida 32828
www.danceatrdc.com | danceatrdc@gmail.com



FALL REGISTRATION

First Choice Class: _____ Second Choice Class: _____

Student: _____ Age: _____ DOB: _____ School: _____ Grade: _____

Parent's Name: _____ Parent's Name: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-mail: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

CARD INFORMATION (REQUIRED) VISA DISCOVER MASTERCARD

Name on Card: _____

Credit Card #: _____ Exp. ____/____ Sec. Code: _____

REGISTRATION PAYMENT INFORMATION USE CARD ABOVE CHECK CASH

Name on check: _____ Check #: _____ Bank: _____

MONTHLY AUTO-DRAFT CREDIT CARD CHECKING ACCCOUNT NONE

MONTHLY TUITION INFORMATION

Class Length	1 st Class	2 nd Class	3 rd Class
45 minutes	\$55.00	\$45.00	
1 hour	\$65.00	\$55.00	\$45.00
1.5 hours	\$85.00	\$70.00	\$55.00
Unlimited	\$230.00		

ADDITIONAL COSTS

Please initial:

_____ **Registration Fee \$30.00**
Non-refundable, paid when registration form is received.

_____ **Acro Surcharge \$35.00**
Acrobatic liability insurance surcharge per student paid when registration form is received. Acrobatic students only.

_____ **Costume Deposit \$35.00**
Paid per class when registration form is received.

_____ **Recital Fee \$50.00**
Per student due by December 1st

AMOUNT ENCLOSED

Tuition \$ _____

Registration Fee \$ _____

Acro Surcharge \$ _____

Costume Deposit \$ _____

Recital Fee \$ _____

Total \$ _____

BY SIGNING BELOW, YOU AGREE TO THE FOLLOWING TERMS AND CONDITIONS

FINANCIAL: A credit card is required to be on file at the studio. Monthly payments are due the first of every month and can be paid by cash, check, auto-draft, or credit card. No monthly notices are sent. Your account will be considered past due if the payment is not received by the 10th of every month and the credit card on file will be charged with the regular payment as well as a \$25.00 late fee. A 30 days notice of termination is required. Returned check fee is \$35.00. **RELEASE:** No liability is assumed by the school for the purposes of the student for the accidents caused by acts of said student and the person hereafter signing the contract on behalf of said student assumes responsibility thereof. **MEDICAL:** Revolutions Dance Company must be advised of pre-existing medical physical and medical conditions. Please notify the studio of student's special needs.

PHOTOS: I give my permission to use a studio picture of my child in any advertising for Revolutions Dance Company. YES NO

NAME: _____ **SIGNATURE:** _____ **DATE:** _____