



DSD Dance Center, Inc.
705 Bedford Avenue ♦ Bellmore, NY 11710
DSDDanceCenter@aol.com (516) 783-6734

2018/19 Registration

Student(s) Information

Name: _____

Address: _____

Town: _____ Zip: _____ DoB: _____

Grade: (as of Sept. 2017) _____

Home Phone: _____

Previous Dance Training (Y/N): # Years Where: _____

PLEASE LIST ANY & ALL MEDICAL CONDITIONS

CONCERNING YOUR CHILD(REN):

Parent/Guardian Information

Name(s): _____

Email(s): _____

(Email is our primary way of communication with our families)

Cell Ph.: _____

If your student(s) is new to DSD, how did you hear about us?

Class Registration for:(name)_____

Class #1: _____ Class #4: _____ Class #7: _____

Class #2: _____ Class #5: _____ Class #8: _____

Class #3: _____ Class #6: _____ Class #9: _____

Class Registration for:(name)_____

Class #1: _____ Class #4: _____ Class #7: _____

Class #2: _____ Class #5: _____ Class #8: _____

Class #3: _____ Class #6: _____ Class #9: _____

I have read, understood, and am in agreement with all the information contained in the online brochure and give my child(ren), who is (are) in good health, permission to participate in DSD Dance Center’s 2018/19 Program. I also agree to the tuition payment terms listed in the online brochure and am responsible for payment (*all accounts must be paid in full no later than 5/5/18*). NO REFUNDS. I hold DSD Dance Center, Inc., and staff harmless for any & all injuries that may arise from participation in any class or other activities related to DSD Dance Center, Inc. In such event, I further agree that the cost of such medical services shall be borne exclusively by me. I hereby authorize DSD Dance Center, Inc. to take any steps necessary to make medical attention available, including physicians, hospitals, or any other medical services, and DSD shall have full discretion. Photographs and videos of students from the school may be used for publicity in the future.

****NEW to 2018/2019**** \$15 Late Fee added to Installment is not paid by 15th of the month

Signature of Parent/Guardian_____ Date_____

Print Name of Parent/Guardian_____

Office use only:

Family Classes_____ Total Hours_____

Reg. Fee___ Install. 1_____ Install. 10_____ Total Due_____

Total Paid_____ Date_____ CA CK# _____ CC Monthly AP_____

DSD Dance Center, Inc.
2017/18 Debit/Credit Card Authorization

Family/Student(s) Name: _____

Name as it appears on debit/credit card: _____

I have read and understand the 2018/19 DSD policies at dsddancecenter.com. I have a choice of paying by cash, check, or debit/credit card. However, I hereby authorize my debit/credit card to be charged for each installment at the first of every month. I will not incur a late fee unless the card is declined. I understand I will then have to update the debit/credit card information to keep it current and pay the \$15.00 late fee.

Card#: _____

CC Type: _____ **Exp. Date:** _____ **CVS Code:** _____

Billing Address _____

Town _____ **Zip Code** _____

Signature of Card Holder _____

For your convenience, you may sign below and have your monthly tuition automatically paid through your debit/credit card. It *must* be signed below for this to be activated. For security reasons, a new form is required annually. This document is kept secure and shredded at the end of the 2018/19 dance year.

Sign here if you would like DSD to automatically bill your card the first of each month: _____

Monthly Installment: (Office Use Only) _____