

Nicole Cote School of Dance Registration Form 10-11

SUBMIT WITH REGISTRATION FEE TO THE STUDIO OR
MAIL TO: 5872 GOLDRUSH AVE, GRANT FL 32949

Classes Begin Monday August 16, 2010

DANCER'S NAME _____ AGE _____

DANCER'S DATE OF BIRTH _____ HOME TELE _____ Cell _____

EMAIL ADDRESS: _____

PARENT or GUARDIAN'S NAME _____

GUARDIAN'S RELATIONSHIP TO DANCER _____

DANCER'S ADDRESS:(Street) _____ (state) _____ (zip) _____

PAYMENT PLAN YOU ARE USING (PLEASE CIRCLE ONE):

{ } One Lump Sum Payment for the year with 5% discount (discount only applies to those registering in August 2010)

OR

{ } Monthly Payment Plan (due at the first of every month)

MONTHLY TUITION WILL BE (please fill in): _____

(I understand that Nicole Cote School of Dance charges a fiscal school year rate and is allowing me to pay this yearly rate is monthly installments. Payments are expected each month as long as my child continues throughout the entire school year. Monthly payments are for my convenience only and must be placed in the tuition box located in the studio lobby. I am responsible for knowing when my payment is due and I realize that I am subject to a \$20.00 late fee if my payment is not in by the 5th of each month.)

{ } please check this box and sign below to acknowledge that you have read and agree to all of the studio's policies.

(payer's signature) _____ *Date* _____

CLASSES YOU ARE REGISTERING FOR: (Please use separate sheet of paper if need)

CLASS NAME	CLASS DAY	CLASS TIME	A or B
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____