

Dance Dynamics Fall 2011 REGISTRATION form – Owatonna

Register ahead of time to get your desired class day and time.
Classes are filled on a first come basis and classes do fill quickly!

Student _____ Age/Grade _____ Birthday _____

Mom _____ Cell _____ Text? _____

Dad _____ Cell _____ Text? _____

Address _____ City _____ Zip _____

Home Phone _____ Email _____

Emergency Contact _____ Phone _____

Dance Experience: Where _____ Years _____

How did you hear about us?

Yellow Book Signs or banners Drive By Referral _____ Parade Bulletin Postings Other _____

Registering for:

Class-day/time _____

Monthly Rates: 30min - \$27 45min - \$32 60min - \$38 75min - \$42 (teen combined)

Costume Cost (Divided into-2 payments; Oct .28 & Nov.17):

(\$125 - Preschool through 1st grade combo, 2 costumes)

(\$160 – 3rd through 6th grade combo, 3 costumes)

(\$180 – 7th through 12th combo, 3 costumes)

(\$75 – Individual hip hop & ballet, 1 costume)

(\$200 – Performance Group, 4 costumes)

Monthly Tuition (1st month) \$ _____ Registration fee \$ _____ (\$35 single, \$45 family)

Total Payment \$ _____

If you wish to drop a class a withdraw form must be filed out in order to stop automatic withdraw. I also understand that recital costumes need to be paid in full by November 17, 2011. Automatic withdraw will be set up with each account. Your account will not be charged unless a payment has not been made by the 1st of the month. No refunds on paid tuition, registration fees or costume payments. I give my permission for Dance Dynamics to use my child's photos on the website publishing's and on any other advertising.

Parent's Signature

Date

Dance Dynamics

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

As a duly authorized check signer on the financial institution account identified below, I authorize Dance Dynamics to perform scheduled or periodic electronic funds transfer debits and/or credits from my account identified below for payments due or when applicable, apply electronic funds transfer credits to the same. This applies to check by phone payments as well as any other electronic payment. I understand the dollar amount can vary depending on services performed. The maximum amount will be less than \$500.

Furthermore, if any such electronic debit(s) should be returned by my financial institution as Non-Sufficient Funds (NSF), a collection of \$30 returned item fee will be charged per item by electronic debit from my account identified below. All declined transactions of credit cards will be charged a \$10 inconvenience charge per transaction.

For accounting purposes, all electronic debits will be reflected in the monthly bank statement that corresponds with the financial institution account identified below. All tuition payments will be debited on the 1st of the month. If you need to withdraw from classes, you must fill out a withdraw form or your payments will continue to be debited. A 30 day notice is required to stop automatic withdrawal.

I understand and authorize all of the above as evidenced by my signature below.

AUTHORIZING SIGNATURE: _____ DATE: _____

Financial Institution account “identifying information”:

Enter financial institution account information into the fields provided below or attach a blank VOID check.

Complete or attach Blank VOID Check here.	Financial institution:		Branch:	
	City:	State:	ZIP CODE:	
	9 Digit Transit/ABA #		Account #	

Checking _____ Savings _____

Please check the following account you will be using for your auto pay withdrawal.

REFUNDS ARE ISSUED ON A CASE BY CASE METHOD