

**Please print this form, then drop off or mail the completed registration to:
Dance Inc. 317 Ozark Trail Dr. Suite 140-160 Ellisville, MO 63011**

Fall _____ Summer _____

STUDENT REGISTRATION DATE _____

How did you hear about us? _____

(Student's Last Name) _____ **(First Name)** _____ **(Birthday Mo/Day/Yr)** ____/____/____

(Parent's Name) _____ **(Home Phone #)** _____ **(Cell Phone #)** _____ **(Email)** _____

(Address) _____ **(City)** _____ **(State)** _____ **(Zip)** _____

| Class No. | Subject | Day | Time | Length of Class |
|------------------|----------------|------------|-------------|------------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Total Hrs. per Week _____

Make checks payable & return to:

DANCE, INC.
Clarkson/Clayton Center
317 Ozark Trail Dr. Suite 140-160
Ellisville, MO 63011

Family Reg. Fee (Fall) \$ 25.00 (waived if enrolling in summer only)
Per Student Insurance fee (Fall) \$ 25.00 (waived if enrolling in summer only)

Tuition (Based on total hrs. per week) _____ - _____ **Total Enclosed \$** _____

Visa, MasterCard, Discover Number _____ **Exp. Date** _____ **CVV#** _____

I authorize Dance Inc. to charge my credit card (debit cards not accepted for auto pay) automatically on the remaining tuition dates.

By registering, students agree to release of their images/likeness as they relate to Dance Inc./M.P.A.

Parent's Signature _____ **Date** _____
(Needed if student is under 18 yrs.)