



The Dance Platform Contract and Registration Form

Student's Name: _____ Date of Birth: _____

Mothers Name: _____ Mothers Cell: _____

Mothers Email: _____

Fathers Name: _____ Fathers Cell: _____

Fathers Email: _____ Person responsible for payment: _____

Classes

Class: _____ # Per Week: _____ Monthly Fee: _____

Class: _____ # Per Week: _____ Monthly Fee: _____

Class: _____ # Per Week: _____ Monthly Fee: _____

Fees

Total Monthly Fee : _____

Annual Admin Fee : _____

Registration Fee : _____

Costume Hire Fee : Per costume. Price to be confirmed

Late Payment Penalty : 1st month - 10% on outstanding balance as of the 5th of the month.
: 2nd month - 15% on outstanding balance as of the 5th of the month.
: 3rd month - 20% on outstanding balance as of the 5th of the month.

Medical – Allergies/Illness/Injury: _____

Will your child require any special medical treatment/consideration/attention during a normal class: (Yes / No)

If yes – Explain: _____

Legal Release, Studio Policies, Terms and Conditions Acceptance (please initial)

_____ I/we understand my payment obligations _____ I/we understand the costume policy

_____ I/we understand the attendance and risks policy _____ I/we understand the behavioral policy

_____ I/we understand my responsibilities for my own, and The Dance Platforms property

_____ I/we understand my 3 (three) months' notice period obligations

_____ **I/we understand and accept The Dance Platforms Studio Policies, Terms and Conditions**

Signed at: _____

On this: _____ day of _____ 2020

Print Name

Signature