

The Putnam Dance Center

Enrollment Form

554 Liberty Highway, Putnam, CT 06260; (860) 963-7073

Please **PRINT** the information below and return it to the studio **with your NON-REFUNDABLE registration fee** of \$10 per child registered. For further information or to request additional forms, please contact the studio.

Student Name: _____ Telephone: _____

Street Address: _____

City, State, Zip: _____ Date of Birth: _____ Age: _____

School Name and Grade: _____

Any **ALLERGIES** or medical conditions you would like us to know about?

New Student Only -- Previous Dance Training _____ Where? _____ Hours/week: _____

Subjects (circle): Ballet Jazz Tap Modern Contemporary Lyric Hip Hop Acro

Mom's Name: _____ Cell Phone: _____

Dad's Name: _____ Cell Phone: _____

Mom **OR** Dad (circle **one**) Work Phone: _____ May we contact you at work? _____

WHO IS RESPONSIBLE FOR THIS ACCOUNT?

Address (IF DIFFERENT FROM ABOVE): _____

City, State, Zip: _____ Telephone: _____

Please indicate which classes you are interested in taking:

Creative Movement	Ages 2½ – 3½	Hip Hop	Ages 4 & up
PreSchool	Ages 3 – 4	Ballet	Ages 9 & up
Ballet/Tap	Ages 4½ – 6½	Tap	Ages 9 & up
Pre-Ballet	Ages 6½ – 8	Jazz	Ages 9 & up
Tap/Jazz	Ages 6½ – 8	Contemporary	Ages 9 & up
Acro	Ages 6 & up	Lyric	Ages 9 & up
		Modern	Ages 10 & up

~*~*~*~*~*~*~*~*REQUIRED*~*~*~*~*~*~*~*~

MC/Visa Account# _____ Expiration Date: _____

Name on Card: _____ Signature: _____

PARENT SIGNATURE: _____ **Student Signature:** _____

EMAIL *~*REQUIRED*~*: _____ **Years Dancing at PDC:** _____
 (Including this year)

Date: _____

The **BEST way to quickly reach me is:** House# _____ Cell# _____ Email _____ Text _____

Date Registered: _____

Classes:

#	Day	Class	Time	Costume (x)	Teacher	Length of Class
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
# of costumes: _____ @ \$55/costume: _____ (amount)					Total Hours:	

Total Hours 1st child: _____ Yearly Tuition Amt: _____ 1/4: _____ Monthly: _____
 Total Hours 2nd child: _____ Yearly Tuition Amt: _____ 1/4: _____ Monthly: _____
 Total Hours 3rd child: _____ Yearly Tuition Amt: _____ 1/4: _____ Monthly: _____

FIRST PAYMENT MUST BE MADE WHEN REGISTERING

Choose payment plan (initial **ONE**):

_____ Year in Full (w/10% discount)	_____ (amt)	_____ Quarterly payments (5% discount if received by Sept-Nov-Jan-Mar 10 th)	_____ (amt)
_____ Monthly payments (NO DISCOUNT)	_____ (amt)	_____ Class Card: # of classes/ amount (Wiggles-n-Giggles; Tumble Tykes; Zumba)	_____ (amt)

Office Use Only

Balance from previous year: _____	Credit from previous year: _____
Registration paid (\$10/per dancer): _____	MUST BE PAID AT TIME OF REGISTRATION
Payment Received:	
Cash amount: _____	
Check amount: _____	Check #: _____
MC/Visa amount: _____	Initial: _____

Liability Waiver

I understand and agree that in participating in any dance class, workshop, rehearsal or performance, there is a possibility of physical injury or death. I voluntarily agree, therefore, to assume all risks and responsibility for any such injury or accident, which might occur to me or my child during any of The Putnam Dance Center's classes, rehearsals, performances, or activities. I also exempt, release, and indemnify The Putnam Dance Center, it's owner, agents, volunteers, assistants, employees, guest artists, faculty members, and/or students from any and all liability claims, demands, or causes of action whatsoever from any damage, loss, injury, or death to me, my children, or property which may arise out of or in connection with participation in any classes or activities conducted by The Putnam Dance Center. I further hereby voluntarily agree to waive my rights and that of my heirs and assigns to hold The Putnam Dance Center, it's owner, agents, volunteers, assistants, employees, guest artists, faculty members, and/or students liable for such damage, loss, injury, or death. I understand that I should be aware of my physical limitations and agree not to exceed them. If I am signing this waiver for my children, I certify that I am the parent or legal guardian and have the right to waive these rights.

Signature: _____