The Putnam Dance Center Enrollment Form

554 Liberty Highway, Putnam, CT 06260; (860) 963-7073; annettehebard@att.net

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

Student Name: _____ Student Cell: _____

Student E	mail:					Date of	Birtn:		4ge:	
Mailing Ac	ldress:									
					like us to kr					
School Name and Grade:								Years Dancing at PDC: (Including this year)		
New Stud			2				Llouro/	unala ,	,	
	circle):			_	Modern	Contemporary		week: Hip Hop	Acro	
	Ji CiC).	Danet	JUZZ	Ταρ	Wodem					
Parent 1/Guardian:										
Email **REC	QUIRED**: _					_ How did you hear al	bout us?			
Mailing Add	ress (IF DIFFE	ERENT FROM	ABOVE):							
Parent 2/G	uardian:						Cell Phone: _			
Email **REC	QUIRED**:									
Mailing Add	ress (IF DIFFE	ERENT FROM	ABOVE):							
Mailing Add										
EMERGENO	CY Contact									
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MC/Visa/E Acco	Disc/Amex				•			ate:		
						Expiration Date: Signature:				
						or, and the above nam				
parent student initials initial	STUDIO F PHOTO F child to use brochures, without na listed above LIABILITY there is a part such injury performany volunteers demands, arise out of hereby volunity, or dispury, or disp	POLICIES: RELEASE: Re for promo Websites, mes in pres Re and I giv WAIVER ROSSIBILITY OF OF ACCIDEN	By signing I give full riptional purp advertisem as releases e The Putn I underst of physical int, which mivities. I als as, employee of action wheetion with ree to waive assistants, e derstand tha	this Regise ghts to Thoses for The ents, and other am Dance and and an anjury or deght occurso exempt, s, guest a participation my rights mployees, at I should	e Putnam Dan he Putnam Dan other promotio print advertisin Center full con gree that in particular to me or my character and in rtists, faculty not from any dama on in any class and that of man guest artists, be aware of man	agree to abide by the ace Center and its staffunce Center's use only and material created by ang. I acknowledge that pyright and authority to articipating in any dancerily agree, therefore, to hild during any of The age, loss, injury, or deage, l	Policies of T to use photo Photos and y the studio. to by signing to publish photo e class, work assume all Putnam Dan Dance Cent ents from any ath to me, my cted by The hold The Pu for students I and agree no	he Putnam Dales and video in videos may be Photos may aphis form, I agreetography. Ashop, rehears risks and response Center's claer, it's owner, and all liability children, or poputnam Dance tham Dance Ciable for such cot to exceed the	nce Center. nages of me or my e used in opear with or e to the terms al or performance, onsibility for any sses, rehearsals, agents, or claims, roperty which may ocenter. I further enter, it's owner, damage, loss, em. If I am	
Signature:						Student S	Signature: _			

Date Registered:	
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			FIRST PAYMENT	MUST BE MAI		REGISTERI	NG				
			Registration Fees:		2 students olies to siblings/dancers	\$25 3+	students \$35				
			Year in Full (w/10% di	scount if received b	y September :	1 st , 2018)					
	init	ial	Ouarterly payments	(5% discount if re	ceived by Sen	t-Nov-Jan-Ma	amount or 10 th)				
	init	ial	Quarterly payments (5% discount if received by Sept-Nov-Jan-Mar 10 th)amount Monthly payments (No discount, due by the 10th of the month)amount								
	init	ial									
	\41!	-414-	A \$20 LATE ASSESSMENT FE			nt has not been	paid by the 15th of that r	month.			
	I,		Run Credit Card for Mon (print name) ging monthly tuition due on the 1	ve my permission for	The Putnam Da	nce Center to	run my credit card for Oth of September.	the			
	Novembe	er, Janua	ary and March. Card will be pro	ocessed 1st week of	the month.		,				
_ Clas		IUST hav	e credit card info filled in on pa	ge 1** Sig	nature:						
Dano		Day	Class	Time	Costume (x)	Teacher	Lengtl of Clas				
						(^)		or oras			
		of ooc	tumos: @ \$EE/or	octumo donocit:							
			tumes:@ \$55/cc				Total Hours:				
			me Balances (FBC) will	_	<u> </u>						
Γotal ∣	Hours 1	.st child	d: Yearly	Yearly Tuition Amt:			Monthy:				
otal H	Hours 2	nd child	l: Yearly	Yearly Tuition Amt:			Monthy:	Monthy:			
with 20% sibling discount Total Hours 3 rd child: Year				Tuition Amt:		L/4:	Monthy:				
with 2	20% sibling o	discount		- Office Use	Only -						
	Dolono	o from		~ Office Use							
445 405						previous year:					
	Registr	ation: (ents 3+ students	ST BE PAID	AT TIME O	F REGISTRATIO	N*			
	Payme	nt Rec	eived: Cash	Check	amount (C	heck #:)				
		MC/\	/isa/Disc/Amex								
			(circle one) amoun	Sta	aff Initials: _		Date:				
	B/O Rec			Dancewear			Tax Total Price	е			
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