

The Dance Studio of Park Slope *Fall-LIVE* Performance Class Registration Form

If registering multiple students please complete additional forms.

New Student How did you hear about us? _____

Student's First Name _____ Last _____

Date of Birth _____ Grade _____

Parent Name(s) _____

Address _____ Phone Contact # _____

City _____ State _____ Zip _____

Email Address (please print clearly) _____

Confirmation of class enrollment and payment will be sent via email.

13 weeks Set. 14th to Dec. 17th. (closed Thanksgiving Break 11/23 to 11/26).

Please complete Registration Process on or before September 5th.

Pre-Registration Required. Pre-Payment Required. No Refunds.

Check, Cash and Credit Card Payment accepted.

Returned Check fee \$25.

Mail in Registration Form with Check Payment or have Electronic Bank check mailed.

Drop Off Registration Form with Payment - Tuesday through Thursday 3 to 7.

Email Registration Form and Request Credit Card Payment Option (service fee applies).

Class age is determined by birthday as of 10/31/20.

Absentees can be made up in any class of same age & level. Schedule is subject to change without notice.

Students / siblings enrolled in multiple classes per week discount:

Enrolled in two classes per week Save \$15

Enrolled in three classes per week Save \$30

Enrolled in four classes per week Save \$45

Studio is closed to public. If dropping off Registration Form & Payment we will greet you at the door.

Mask / Face Shield required.

Fall-LIVE 13 week Semester - Taking 1 class per week - total is \$395.00

Please indicate virtual class, day & time

1. _____ Number of Virtual Classes per week _____
2. _____ Applying Multiple Class Discount? Saving \$ _____
3. _____ Total 13 Week Tuition \$ _____
4. _____

Virtual Private Instruction Option

Single Private \$60.00 / Package of 4 for \$220.00

Pricing for Private Instruction requires enrollment in 13 Week Semester.

Number of Virtual Privates _____

Private Tuition Total \$ _____

13 Week & Private Instruction Option Tuition Total \$ _____

Pre-Payment Required - Check, Cash and Credit Card payment accepted.

I give permission for my child to participate in classes at The Dance Studio of Park Slope and I release The Dance Studio and all employees from any liability connected with any activity connected to dance class and performance. I authorize The Dance Studio of Park Slope to photograph or film my child at any Studio activity for use in The Dance Studio's promotional efforts. I understand and agree to all tuition and fee terms stated above.

Parent / Guardian *Signature is required for students to participate in class.

Mail to or drop off form and payment: **The Dance Studio of Park Slope 630 Sackett Street, Brooklyn, NY 11217**
718.789.4419 email: thedancestudiops@gmail.com website: www.thedancestudiops.com