

TAKE FIVE DANCE ACADEMY

14130 W. McDowell Rd. • Goodyear, AZ (623) 932-1342 www.TakeFiveDance.com

STUDENT INFORMATION

First Name	Last Name	Birthdate			
1.) _____	_____	M or F ____/____/____	Age: ____	NEW []	RETURN []
2.) _____	_____	M or F ____/____/____	Age: ____	NEW []	RETURN []
3.) _____	_____	M or F ____/____/____	Age: ____	NEW []	RETURN []

BILLING INFORMATION (All families must fill this out completely.)

PARENT 1: NOTE: ONLY NAMES LISTED ON THIS FORM CAN HAVE ACCESS TO YOUR ACCOUNT INFORMATION.

First Name: _____ Address: _____
 Last Name: _____ City, State, Zip Code: _____
 [] Mother [] Father Home: _____ Cell: _____
 [] Grandparent [] _____ Employer: _____ Work Phone: _____
 Please add my e-mail to your listing: _____

PARENT 2: *Fill info that is different from above.*

First Name: _____ Address: _____
 Last Name: _____ City, State, Zip Code: _____
 [] Mother [] Father Home: _____ Cell: _____
 [] Grandparent [] _____ Employer: _____ Work Phone: _____
 Please add my e-mail to your listing: _____

EMERGENCY CONTACT (Must be different from above. Even if they are out of state.)

Name: _____ Phone: _____ Relationship: _____

"HOW DID YOU FIND OUT ABOUT TAKE FIVE DANCE ACADEMY?"

FRIEND _____ NEWSPAPER WEBSITE YELLOW PAGES OTHER _____

SIGNATURE REQUIRED *By signing this form, I acknowledge the Take Five Dance Academy policies and will abide by them. I have also received a copy of the TFDA Policies, Tuition Sheet and Dress Code brochure.*

SIGNATURE _____ Date ____/____/____

Please read and initial below, indicating that you understand and agree to the following:

____ **Registration / Tuition Fees:** All students must pay an annual registration fee. **Tuition & Registration fees are NON-REFUNDABLE.** Regardless of attendance, full tuition is due on the 3rd of each month. We do not send statements unless tuition is past due. Service fees will incur for outstanding balances. There are credit transfers after tuition has been paid.

____ **Withdrawing a Student:** Should it become necessary to discontinue classes for any reason, a withdrawal form must be signed and submitted within 15 days of the corresponding month that the student will no longer be taking classes. Otherwise, tuition charges will continue to incur, regardless of attendance. I understand that this is the procedure I need to follow in order to discontinue automatic payments for tuition.

____ **Accident or Injury:** I release Take Five Dance Academy and its staff from any responsibility for any accident or injury incurred during class, rehearsals or performances.

____ **Photographs:** Take Five Dance Academy LLC is hereby granted permission to take photographs of students to use in brochures, websites, posters, advertisements and other promotional materials created by the school. Permission is also hereby granted for the school to copyright such photographs in its name.

Please check YES or NO below AND initial, indicating you read the following:

____ At times, parents request a class list of student names and addresses for birthday parties or car pools. For these purposes only, **do we have permission to release your: home address? Yes ___ No ___ home phone? Yes ___ No ___**

____ We are sometimes approached by students requesting medication for a headache, or other minor ailments. **Do we have permission to dispense medication to your student, per the manufacturer dosage recommendation? Tylenol Yes ___ No ___ Ibuprofen Yes ___ No ___**

OFFICE USE

STUDENT NO. 1

RECEIVED BY _____ DATE _____
 DATE ____ C ____ D ____ T ____
 DATE ____ C ____ D ____ T ____
 REG ____ DW ____ MK ____
 PC SENT ____/____/____ INT ____
 FLWUPCL 1) ____/____/____ INT ____
 2) ____/____/____ INT ____ 3) ____/____/____ INT ____

STUDENT NO. 2

RECEIVED BY _____ DATE _____
 DATE ____ C ____ D ____ T ____
 DATE ____ C ____ D ____ T ____
 REG ____ DW ____ MK ____
 PC SENT ____/____/____ INT ____
 FLWUPCL 1) ____/____/____ INT ____
 2) ____/____/____ INT ____ 3) ____/____/____ INT ____

STUDENT NO. 3

RECEIVED BY _____ DATE _____
 DATE ____ C ____ D ____ T ____
 DATE ____ C ____ D ____ T ____
 REG ____ DW ____ MK ____
 PC SENT ____/____/____ INT ____
 FLWUPCL 1) ____/____/____ INT ____
 2) ____/____/____ INT ____ 3) ____/____/____ INT ____

SEE OTHER SIDE: AUTOMATIC PAYMENT CONSENT FORM

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AUTOMATIC PAYMENT CONSENT FORM

This form must be filled out completely. This form WILL NOT BE ACCEPTED, unless Card Holder is present.

CARD HOLDER'S INFORMATION

Name as Printed on Card -

First _____ Middle Initial _____ Last _____

[] The Address & Phone numbers are the same as written on the Student's Information form.

Address _____ City _____ State _____ Zip Code _____

Home Phone () _____ Cell Phone () _____

Please write only the **first and last 4 digits** of your card.

[] Visa [] Master Card Card # _____ - * * * * - * * * * - _____ EXP. ____ / ____
(Card will be swiped by Take Five Dance Academy)

I hereby authorize Take Five Dance Academy LLC to charge my account the tuition amount of \$_____ . ____ on **the 3rd day of each month** starting ____ / 3 / 2011 and ending 6 / 3 / 2012.

This tuition is only for the following student(s) (First & Last Names): _____

I also hereby authorize Take Five Dance Academy LLC to charge my account at my discretion, for any outstanding balances, costs, and/or payments that I may incur.

Please acknowledge that you have read & understand the following: (Initials Required)

_____ I have read, understand and received a copy of Take Five Dance Academy's Payment Policies. I also understand that there are **no refunds or credit transfers** after Tuition or Registration has been paid.

_____ I understand that if my credit/debit card is unable to be processed, there will be a \$25.00 service fee and if my tuition is late, there will be a 20% surcharge.

_____ I understand that if an outstanding balance is not paid by the 15th of the month, my student will be withdrawn from the studio. Depending on the availability of classes, my student may re-enroll (a registration fee will be required).

_____ I understand abide by the school's Withdrawal Policy that states:
*Should it become necessary to discontinue classes for any reason, a Withdrawal Form must be signed and submitted **within 15 days** of the corresponding month that the student will no longer be taking classes. **Otherwise, tuition charges will continue to incur, regardless of attendance.*** I understand that this is the procedure I need to follow in order to discontinue automatic payments for tuition.

_____ **FOR MUSIC/VOICE LESSONS:** I understand that there are **NO MAKEUP CLASSES** and that if my child misses a class I am still obligated to pay for that lesson and/or tuition in full.

Print Name _____ Signature _____

Date ____ / ____ / ____

By signing above, I acknowledge that I have read, understand and agree to everything described on Take Five Dance Academy's Automatic Payment Consent Form.