

Office Use ONLY: Date: _____ Initial _____ IN Database _____

(Semester Tuition)

(Student #1) \$ _____ Costume Deposit \$ _____ Subtotal \$ _____
(Student #2) \$ _____ Costume Deposit \$ _____ Subtotal \$ _____
(Student #3) \$ _____ Costume Deposit \$ _____ Subtotal \$ _____
Registration Fee (per Family/per Year \$20.00) \$ _____
"Quarterly payers" charge (per family/ per Year \$40.00) \$ _____

Total due @ REGISTRATION \$ _____

Payment Method _____ Bank _____ Check # _____ Amount \$ _____

(Quarterly Payments) (A \$40.00 fee is due at registration for quarterly payers)

2nd Qtr.: \$ _____ Bill Date: _____ Received Date: _____ \$ _____ Ck # _____
3rd Qtr.: \$ _____ Bill Date: _____ Received Date: _____ \$ _____ Ck # _____
4th Qtr.: \$ _____ Bill Date: _____ Received Date: _____ \$ _____ Ck # _____

The West End Academy of Dance

10620-C Patterson Ave., Richmond, VA 23238, #740-0842, www.westendacademy.com

Registration Form (Please complete Front AND Back)

Student Name (#1) _____
Age _____ DOB _____ Yrs. of Training _____
(Student #1) Class Selection
DAY TIME TYPE PC #
1. _____
2. _____
3. _____
4. _____

Student Name (#2) _____
Age _____ DOB _____ Yrs. of Training _____
(Student #2) Class Selection
DAY TIME TYPE PC #
1. _____
2. _____
3. _____
4. _____

Parent(s) Name (PRINT clearly) _____

Address _____ City _____ Zip _____

Phone (Home) _____ (Cell) _____ (Office) _____

Email _____ (NO Email, check HERE) _____

Parent Signature _____ Date _____

Medical Information

This information enables us to deal effectively and responsibly with our students. ALL information is confidential.
Please specify which student when necessary (For example #1, #2 or #3)

1. Does your child have any medical conditions that may affect his/ her performance? Yes _____ No _____
2. Is your child on any regular medication that may affect his/her performance? Yes _____ No _____
3. Does your child have any physical problems in the following areas?
Knees _____ Back _____ Hips _____ Feet/Ankles _____ Neck _____ Other _____

If "yes" to any of the above, please explain: _____

Tuition/ Costume Information:

You do not need to re-register for the Spring semester. We consider that enrollment in the school is for both semesters. We assume every student will continue into the Spring semester and participate in the recital unless we receive written notice by Dec.1, that indicates differently. If we do not receive written notice by Dec. 1 you will be responsible for all tuition and costume charges (that apply).

Spring semester bills will be mailed by Jan.9, 2012. In a recital year, costume bills will be mailed separately.
A costume will be ordered for each class in which your student is enrolled. If you do not wish to participate in the recital, please send written notice by: Dec.1, NO Exceptions!

I have read and accept this agreement:

Parent Signature: _____ (Date) _____

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