Responsible Party (please circle): MOTHER FATHER SELF OTHER: _____

Last:_____First:_____

Address:_____City:_____Zip:_____

Home Phone:_____Email_____@_____

Cell:_____Employer:_____Work Phone:_____

STUDENT 1: Last:_____First:_____

Birthdate: /   /   Grade_____ (M / F / O) School:_____

STUDENT 2: Last:_____First:_____

Birthdate: /   /   Grade_____ (M / F / O) School:_____

STUDENT 3: Last:_____First:_____

Birthdate: /   /   Grade_____ (M / F / O) School:_____

Additional Contact Info:

(Please circle) MOTHER FATHER SELF OTHER_____

Name:_____Email_____@_____

Employer:_____Work Phone:_____Cell:_____

EMERGENCY CONTACT: Relationship to student:_____

Name:_____Email_____@_____

Employer:_____Work Phone:_____Cell:_____

DOCTOR'S NAME:_____Phone:_____

Pertinent Medical Information:_____

_____

My signature below indicates that I have read and agree to the Statement of Understanding available at the studio and online.

Student/Parent/Guardian
Signature:_____Date:_____

Island Dance and
Gymnastics Registration
Summer 2024

Student Names:_____

List classes, in order by student name.

	Student	**Class**	**Day**	**Time**	**In- Person**
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

(Please check) _____ I would like to set up RECURRING CREDIT CARD payments. I authorize Island Dance to charge my credit card each month, September - June, for monthly tuition and other charges incurred during the month. I understand that in order to cancel this recurring payment, I will need to do so in writing via email. I understand that any balances remaining on my account will be charged the following month, when recurring payments are processed, whether I have an active account or not. In order to withdraw from classes, my account must current.

Tuition and Registration fee is due at time of registration and is the only way to guarantee placement in class(s).**

Signature:_____Name on Card:_____

Card #_____V-Code:_____Expiration:_____

………..

 For office use only   M   T   W   Th   F   S   Month:_____.

Hours per Week_____   4 Weeks _____   Monthly Cost_____   Correction for Days_____

Registration_____($30 for 1, $25 each additional)   Final Cost_____(for month of reg).