

Island Dance and Gymnastics
Registration 2023-2024

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:** _____

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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					

Recital Deposit: \$50.00 per account, for 2 tickets to the Island Dance Recital. This fee is due at time of registration, till June 2024. Deposits are non-refundable .

(Please check) I acknowledge I will be charged this now _____.

(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: _____

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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).