

Premier Dance Academy Registration Form

(Please print legibly)



STUDENT INFORMATION

Student's Full Name: _____ Birth Date: _____ Age: _____

School: _____ Grade: _____ Preferred Name: _____

Home Address: _____ City: _____ State: _____

Zip Code: _____ Home Phone Number: _____

Any previous performance experience: _____ Where: _____

Any health information we should know (learning disabilities, physical impairments, allergies, etc.):

PARENT/GUARDIAN (Residing with child) INFORMATION

1. Name: _____ Relationship to Child: _____

Mobile Phone: _____ Work Phone: _____

Email: _____ Place of Employment: _____

2. Name: _____ Relationship to Child: _____

Mobile Phone: _____ Work Phone: _____

Email: _____ Place of Employment: _____

SEPARATED PARENT (if applicable)

Name: _____ Relationship to Child: _____

Authorized to Pick Up Child: Yes _____ No _____

Home Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

HELPFUL INFORMATION – please be as specific as possible

How did you hear about us?

Who can we thank for referring you: _____

Please read and initial each

_____ I give permission for my child to be photographed and/or videotaped during recital and for Premier Dance Academy promotional purposes.

_____ PDA faculty and staff have commitments throughout the day to teach and assist in the office. If you realize you will be more than 10 minutes late after your child's class is over, please contact PDA immediately

_____ I will keep a current email with PDA at all times so I am well informed with important information, updates, receipts and all communications. I will also like and follow PDA on Facebook and Instagram and check the PDA website at www.premierdanceacademyfl.com for additional information. Important emails will come from premierdance1@gmail.com please take us out of your spam box

_____ I have been informed that tuition is non-refundable and that I am responsible for tuition until a **30 day written notice** of the student's withdrawal has been received by the PDA office. I understand monthly billing statements are not distributed. Failure to keep my tuition current may result in my student not being allowed to participate in classes or rehearsals. PDA reserves the right to use the service of a collection agency or similar institution. If collection and/or litigation become necessary, I, the account holder, will be liable for any and all collection, attorney & court fees.

_____ I read and received the student handbook when I registered. I will abide by the rules and regulations of PDA. **I UNDERSTAND THAT TUITION IS DUE ON THE 1st OF EACH MONTH AND A \$25 LATE FEE WILL BE ADDED ON THE 20th OF EACH MONTH IF TUITION IS NOT PAID.** I have verified that all of the above information has been submitted to Premier Dance Academy and is correct.

Date: _____ Signature _____

PAYMENT INFORMATION

Payments may be made via
Cash – Check – Credit Card – PayPal, Zelle, Venmo

Any payments over \$300 made via any method other than cash or check will incur a 3.5% service fee per transaction.

Tuition installments are due on the 1st of each month for that current month and must be paid **no later than the 15th of each month**. A \$25.00 late fee will be applied on the 20th of each month for any unpaid tuition.

REGISTRATION FEES

- \$25.00 for the first student
- \$15.00 each additional student in your immediate family
- \$15.00 Returning students

I understand that one make-up class is permitted for each class my child misses. Make-up classes must be taken within 30 days of the missed classes. I also understand that all fees paid are non-refundable and non-transferable. The parent or guardian is responsible for notifying, in writing, Premier Dance Academy, of any change to the credit card or checking account. The returned check declined card fee is \$25. Should this provision have to be enforced by legal means, the undersigned person(s) is responsible for payment, cost of collection, plus Interest at the legal rate and reasonable attorney’s fees as determined by the Court or 15% of the amount collected failing such determination.

NAME OF PERSON RESPONSIBLE FOR PAYMENT _____

Date _____

Relationship to Student: _____

Signature: _____

Witnessed by: _____

RELEASE AND AUTHORIZATION

Name of Student: _____

The Participant, in attending Premier Dance Academy and using the facilities, does so at their own risk. PDA shall not be liable for any damage arising from personal injuries sustained by the participant in or about the premises. The participant assumes full responsibility for all injuries and damages which may occur in or about the premises and they do hereby fully and forever release and discharge the studio instructors, studio owner, and any other employees from any and all claims, demands, damages, rights of action present or future, resulting from or arising out of the participants use of the studio and/or its facilities. Participation is entirely their own choice and with the understanding of risk of accidental injury involved in any activity involving motion or height. In addition to the above, should this account become delinquent, the undersigned will be responsible for any and all collection costs including attorney fees and court costs.

SIGNATURE OF PARENT/GUARDIAN: _____ **Date:** _____

WITNESS (Must be at least 18 years of age) _____

EMERGENCY INFORMATION

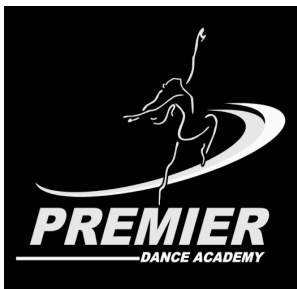
Physician: _____ **Hospital Preference:** _____

Insurance Co. Policy No: _____

Allergies (food, medicine, etc.): _____

Additional Information/Comments (i.e. blood transfusions, etc.) _____

Initial: _____



PREMIER DANCE ACADEMY

132 Starcrest Drive N
Clearwater, FL 33765
727-446-8500
premierdance1@gmail.com

Credit Card on File Agreement

In providing us with your credit card information, you are granting Premier Dance Academy permission to automatically charge your credit card account for your tuition payments, costume fees, production fees, service fees or any other account balances should your account fall past 45 days.

Premier Dance Academy will contact you via phone (leaving a message if necessary) or via email, whichever form of communication we have listed to inform you of the charge and the amount. A receipt of the transaction will then be emailed or mailed to you or placed in your file here at the studio.

I am also aware that any charges over \$300 being made to this credit card with incur an additional 3.5% service fee.

I authorize Premier Dance Academy to charge tuition payments, costume fees, production fees or any other outstanding account balances falling past 45 days on my account to the following credit card:

VISA MasterCard Discover American Express Debit Card

Customer Full Name: _____

Account Number: _____

Expiration date: _____ 3 digit Security Code: _____

Billing Zip Code: _____

Name on Card (please print): _____

Signature: _____ Date: _____