



Registration Form

Registration Fee: \$35 Per Student / \$70 Per Family

Student Name:		
Address:		
City:	State:	Zip Code:
Telephone #1:	Telephone #2:	
Email:	Do you check your email daily? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Student's age: (as of 10/1)	Student Birth Date:	
Parent/ Guardian Names:		
Class Selections:		
<input type="checkbox"/> Ballet	<input type="checkbox"/> Tap	<input type="checkbox"/> Jazz/Hip Hop
<input type="checkbox"/> Lyrical	<input type="checkbox"/> Pointe	<input type="checkbox"/> Pom
Student Information:		
School Grade (2024/2025 School Year):		
Student's Clothing Size:		
Payment Method		
<input type="checkbox"/> Yes, I would like to use Auto-Pay!		
Credit/Debit Card #: _____		Exp. Date: _____
Security Code: _____		
Payment Date (Check One): <input type="checkbox"/> 1 st of Each Month <input type="checkbox"/> 15 th of Each Month		
<input type="checkbox"/> No, I do not wish to use Auto-Pay!		
Current Student <input type="checkbox"/>	Internet Search <input type="checkbox"/>	Referral: _____ <input type="checkbox"/>
Performance <input type="checkbox"/>	Website <input type="checkbox"/>	Other: _____ <input type="checkbox"/>

My signature indicates that I personally accept all risk of injury due to the activities in which I am enrolling my child. I further hold harmless Arabesque Academy of Dancing, Belcher Holdings, Jacob Paul Associates, and the ownership and staff of all of these organizations.

My signature is also my personal guarantee of payment of all fees and costs associated with this activity and acceptance of all policies and procedures of Arabesque Academy of Dancing.

Parent's Signature: _____ Date: _____