

Loperfido Dance Academy

2024-2025 Registration Form

Please complete this form, and submit it with your registration fee, and first tuition payment. This will guarantee your place in class. All classes begin the week of September 9, 2024.

Student Name: _____

Address: _____

City _____ State _____ Zip _____

Cell Phone # & Carrier: _____ Home Phone #: _____

Email: _____

Name Parent/Guardian #1: _____ #2: _____

In case of emergency, please notify: _____

Emergency telephone #1 _____ Tel #2 _____

Student's Age: _____ Birth Date: _____

Please list the **class, day and time** of the class you are enrolling in.

Please list any health or physical restrictions:

How did you hear about our school? Newspaper Flyers Word of mouth Website Other

Registration Fee: \$40 per child; \$50 per family

Credit Card Information:

Cardholder Name (As shown on card): _____

Card Type: Visa Mastercard Discover

Card Number: _____

Exp Date: _____ Security Code (CVV): _____

I authorize Loperfido Dance Academy to debit my account for all payments, including tuition. I understand that my information will be saved to file for transactions on my account.

Signature: _____ *Date:* _____

The Loperfido Dance Academy is not liable for any injury that may occur on the premises. The Loperfido Dance Academy is not responsible for lost or stolen items. I have also received a copy of the Loperfido Dance Academy brochure, and agree to abide by the academy policies listed in it. I agree to the above disclaimer.

Parent/Guardian Signature: _____ *Date:* _____