

DANCE REGISTRATION FORM/AUTOMATIC PAYMENT CONSENT FORM

Student's Last Name _____ Student's First Name(s) _____

Parent's Name _____ Phone Numbers _____

Medical Conditions: No ___ Yes _____

Address: _____
Street City Zip

email: _____

Student's Date of Birth _____ grade _____

School _____

New Students: Previous Training _____

How did you hear of our studio? Newspaper flyer sign website facebook

Current Student _____ other _____

Method of Payment:

REGISTRATION FEE: cash check (checks payable to Blanchard Dance Center) Master Card Visa

TUITION: In Full with registration: cash check

Two payments (1st with registration, 2nd on 1/1/15): cash check

Monthly:

Checking Account – attached voided check here.

or Visa Master Card _____
Card Number Expiration Date

Card Holder's Name (as it appears on the card) _____

I hereby authorize Blanchard Dance, CDA Dance Center to charge my account the amount of
\$ _____ on the first day of each month starting September 1, 2014 and ending June 1, 2015

All charges will appear as CDA Dance Center.

I will give the school office one month's written notice from the first of the month to discontinue these charges. I am aware that there is a two month minimum for all lessons before a cancellation can be done.

Signature

Date

OFFICE USE:
Amount of Monthly Tuition _____
Registration Paid: check# _____ date _____
<input type="checkbox"/> Auto Debit/credit card _____
<input type="checkbox"/> Paid in full – amount _____
<input type="checkbox"/> Two equal payments reg. & 1/1/15 _____
<input type="checkbox"/> Policies & Procedures signed _____
<input type="checkbox"/> Class(es) selected _____
Initials _____



3712 Williams Boulevard, Suite J
Kenner, LA 70065
(504) 427-6642 (504) 466-5856
www.cdadance.com

Preschool _____ Combination _____
Ballet _____ Tap _____ Acrobatics _____
Jazz _____ Other _____