



# SUMMER 2011 & EARLY FALL REGISTRATION FORM

PLEASE REMEMBER TO PRE-REGISTER YOUR DANCER FOR FALL 2011 CLASSES TO ENSURE A PLACE IN CLASS.

	DATES	FEES	AMOUNT PAID
<input type="checkbox"/>	Summer Dance Intensive (9 & up)	June 6th - 9th	\$450 Tuition/\$400 by May 25
<input type="checkbox"/>	Little Princess Camp (Ages 3-5)	June 13th - 17th (SESSION I)	\$200 Tuition/\$175 by May 25
<input type="checkbox"/>	Little Princess Camp (Ages 3-5)	July 18th - 22nd (SESSION II)	\$200 Tuition/\$175 by May 25
<input type="checkbox"/>	Broadway Babies (Ages 3-5)	June 27th - July 1st	\$200 Tuition/\$175 by May 25
<input type="checkbox"/>	Beiber Fever (Ages 6-8, 9-10)	June 13th - 17th	\$200 Tuition/\$175 by May 25
<input type="checkbox"/>	Fairytale Ballet (Ages 6-8)	July 25th - 29th	\$200 Tuition/\$175 by May 25
<input type="checkbox"/>	Intermed. Boot Camp (Ages 7 -10)	June 6th - 9th	\$250 Tuition/\$225 by May 25
<input type="checkbox"/>	Hip Hop Ya Don't Stop (Ages 7 & up)	June 6th - 7th	\$80 Tuition/\$70 by May 25
<input type="checkbox"/>	TDC Ballet Intensive (Ages 10 & up)	July 25th - 28th	\$300 Tuition/\$275 by May 25
<input type="checkbox"/>	Triple Threat Workshop (Ages 6-10)	July 18th - 22nd	\$200 Tuition/\$175 by May 25
<input type="checkbox"/>	Fall 2011 Registration	2011-2012 Season	\$35 Registration Fee
<b>Total Paid</b>			

## ACCOUNT INFORMATION

Parents/Guardian Name:		
Address:	City:	Zip:
Home Phone:	Email:	
Mother/Guardian Cell :	Father/ Guardian Cell:	Work Phone:
Person Responsible For Making Tuition Payments, If other than Primary Account Holder:		

## STUDENT INFORMATION

Student's Name:	Birthday:	Age:
School:	Grade for 2011-2012:	
Address if different:		
Former Students: How many years of training?	Last Year's Level:	
New Students: Where did you train?	How many years?	
Medical Conditions? (Severe Allergies, Asthma, Disabilities)		

I have read and understand The Dance Centre's Registration Agreement describing its policies on Tuition Payments and other related fees throughout the season (If not listed on the back of this form it is available on our website and in our office.) I will uphold the terms of this agreement for the 2011-2012 Season. I also understand that **all deposits are non-refundable**. In the event of injury or accident, I hereby authorize my child to receive any emergency medical attention deemed necessary while present at The Dance Centre if parents or emergency contacts cannot be reached by telephone. I also hereby release, indemnify and hold harmless The Dance Centre and its faculty members from all liability or claims.

PLEASE MAIL THIS FORM TO 1825 MCFARLAND BOULEVARD NORTH, SUITE C, TUSCALOOSA, AL 35406  
OR FAX TO 752-8181. FOR MORE INFORMATION, CALL OUR OFFICE AT 752-5354.