

To register, please fill out this form and send with the tuition deposit.

Make checks payable to Dance Rags Inc. or fill in credit card information

MC _____ CC# _____ Exp _____
 Visa _____
 Disc _____ Signature: _____ Amount _____

REGISTRATION FORM KAREN SACHS ACADEMY OF DANCE 2010-2011

Parents Name _____ Home Phone _____

Street _____ Cell Phone _____

City _____ Zip _____ Email: _____

Students Name	Birthday	Class Day	Class Time	Teacher
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

To my knowledge , there are no physical disorders that would prevent my child/children from performing strenuous activity. I waive responsibility of Karen Sachs Academy of Dance for any injury which might result from participation in dance class. ***I also understand that all tuitions not paid on time will be charged a \$25 bookkeeping fee per month. Tuition payments are due the first class in September and the first class in January.***

WE DO NOT SEND BILLS.

Date: _____ Parent's Signature _____

For bookkeeper FIRST SEMESTER	SECOND SEMESTER	COSTUME PAYMENT		
Tuition Due: _____	Tuition Due: _____	Due	Deposit Date	Balance Date
Payments Date	Payments Date	_____		
_____	_____	_____		
_____	_____	_____		