



**Registration Form**

Easy Tuition Opt. \_\_\_ Auth CC \_\_\_ Account # \_\_\_\_\_

Student's name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Student's name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Student's name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Home #: \_\_\_\_\_

Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Father's name: \_\_\_\_\_ Home #: \_\_\_\_\_

Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Student email (optional): \_\_\_\_\_

**Emergency Contact(s):**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

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**HOW DID YOU HEAR ABOUT US?**

\_\_\_ Google

\_\_\_ Driving By

\_\_\_ Facebook

\_\_\_ Our website

\_\_\_ Friend Referral: \_\_\_\_\_

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**Student Information:**

Medical Condition(s): \_\_\_\_\_

Allergies: \_\_\_\_\_

**Authorization to Charge Credit Card**

I herby authorize, as the undersigned, the irretrievable charge of my account balance to my credit card if the account on file goes thirty days past due. I understand and agree that past tuition is owned by me for services rendered and that I cannot dispute this charge for any reason, as this is a non-refundable expense.

**Credit Card:** Visa:\_\_\_\_ Master Card:\_\_\_\_ Discovery: \_\_\_\_ 3 digital security code\_\_\_\_\_

**Cardholder:** \_\_\_\_\_

**Account #:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**Cardholder's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Easy Tuition: (Optional service)**

I herby authorize Paramount Dance Studios to automatically charge my monthly tuition to my credit card on file on the 1<sup>st</sup> of each month. I authorize the monthly debit in the amount of \$\_\_\_\_\_.

**Credit Card:** Visa:\_\_\_\_ Master Card:\_\_\_\_ Discovery: \_\_\_\_ 3 digital security code\_\_\_\_\_

**Cardholder:** \_\_\_\_\_

**Account #:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**Cardholder's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Studio Information:**

Class Level \_\_\_\_\_ Day(s) \_\_\_\_\_

Additional Classes \_\_\_\_\_ Day(s) \_\_\_\_\_

Monthly Tuition \$ \_\_\_\_\_



## Student Wavier

As the guardian of \_\_\_\_\_, I hereby state that I will not hold Paramount Dance Studios and any instructors individually or collectively responsible for any mishaps or injuries my child may obtain while on the premises of the Studio.

\_\_\_\_\_  
Parents Printed Name

\_\_\_\_\_  
Parents Signature

\_\_\_\_\_  
Date