

NORTH GEORGIA ACADEMY OF DANCE REGISTRATION FORM

(Please Print Legibly)

STUDENTS NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_, GA ZIP CODE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

MOTHER'S CELL# \_\_\_\_\_ FATHER'S CELL# \_\_\_\_\_ AGE \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ SCHOOL \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

Email Address \_\_\_\_\_

Check desired classes: ( ) Time With Tots ( ) Pre-School Ballet ( ) Tumble Bunnies ( ) Kinder Combo ( ) Elementary Combo/Ballet & Tap ( ) Elementary Combo/Ballet & Jazz ( ) Elementary Combo/ B, T & J ( ) Intermediate Combo/Ballet & Tap ( ) Intermediate Combo/Ballet & Jazz ( ) Intermediate Combo/B, T & J ( ) Ballet ( ) Pointe ( ) Tap ( ) Jazz ( ) Acrobatics ( ) Lyrical/Modern ( ) Musical Theater ( ) Hip Hop ( ) Stretch

List years of training: Pre-School Ballet \_\_\_\_\_ Kinder Combo \_\_\_\_\_ Elementary Combo \_\_\_\_\_

Intermediate Combo \_\_\_\_\_ Ballet \_\_\_\_\_ Pointe \_\_\_\_\_ Lyrical/Modern \_\_\_\_\_ Tap \_\_\_\_\_ Jazz \_\_\_\_\_

Acrobatics \_\_\_\_\_ Musical Theater \_\_\_\_\_

Other information NGAD should know about the student? \_\_\_\_\_

How did you find out about NGAD? \_\_\_\_\_

I understand that Tuition is due ON THE 1<sup>st</sup> OF THE MONTH, REGARDLESS OF ANY ABSENCES and that all tuition is made payable to NGAD. A \$15.00 LATE FEE IS ADDED TO ACCOUNTS AFTER THE 7<sup>th</sup> OF THE MONTH. There is a \$35.00 service charge for any returned checks. I also realize that there are NO DEDUCTIONS OR REFUNDS GRANTED FOR LESSONS NOT ATTENDED.

A 30-DAY WRITTEN NOTICE must be submitted to the office if withdrawal becomes necessary; otherwise, one month's tuition with ALL applicable late fees will be charged to your account.

I/We hereby waive and release any and all rights and claims that I/We may have for injury or damages against NGAD or it's staff resulting at or upon the premises or any function held at other locations, including, but not limited to, travel to and from any and/or all performances and /or competitions.

I acknowledge having read the above rules and waiver and agree to abide by them. I have enclosed a NON-REFUNDABLE Registration Fee of \$25.00 per student.

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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(FOR OFFICE USE)

Registration Fee \_\_\_\_\_ Tuition \$ \_\_\_\_\_ Boutique \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Total Due \$ \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_ Balance Due \$ \_\_\_\_\_ CK #/CASH \_\_\_\_\_

Desk Personnel Initials \_\_\_\_\_