



Arabesque School of Dance LLC (ASD)

10130 Davenport St. NE, #170, Blaine, MN 55449 763 780 6075

www.arabesquedanceschool.com

Registration fee of \$25.00 per student/\$50.00 per family

Student Name _____ Age _____ Grade _____

Birthday _____ Parent/Guardian _____

Address _____ City _____ Zip Code _____

Email _____ Phone _____

Emergency Contact other than parent _____ Phone _____

Medical conditions/concerns _____

Class _____ Day _____ Time _____ Fee _____

Class _____ Day _____ Time _____ Fee _____

Class _____ Day _____ Time _____ Fee _____

Class _____ Day _____ Time _____ Fee _____

ASD Policies

Tuition is due the first week of each month. If monthly tuition is not paid there will be a \$5.00 late fee. There will be a \$30.00 fee for any checks returned by the bank. Tuition/registration fee is non-refundable. If you discontinue class a one month notice in writing is required prior to drop date. All costume fees must be paid in full by December, is not refundable and is not included in the year's tuition. I grant ASD permission to use photography/video of my child for promotional purposes. I will not hold ASD responsible for any lost, stolen, or damaged items. I authorize ASD to secure any emergency medical treatment my child may need. I understand ASD reserves the right to refuse instruction to anyone not abiding by our policies at any time without prior warning. I understand that ASD reserves the right to cancel a class if enrollment falls below 5 students per class without warning. I understand that participation in a dance program involves risk and possible injury. I understand that ASD, facility and staff will not be held responsible for injuries sustained in class, while performing or traveling to or from it's facilities. If payment is not received by the 15th of each month, ASD has the right to deduct using the card listed below. I authorize ASD to auto deduct payments on the 1st of each month. _____ Tuition _____ Costume (Oct & Nov) _____ Other _____

Name on card _____ # _____ Exp _____

Security code _____ Visa _____ Mastercard _____

Parent/Guardian Signature _____ Date _____

I'm signing this form with the understanding that I've read all the above, agree to all the studio policies and have received a copy of the ASD handbook.

Office use only:

Total Due \$ _____ Check # _____ Cash _____ Charge _____ Rec'd by: _____ Referral _____

Shoes: Tap \$ _____ Jazz \$ _____ Ballet \$ _____ Other \$ _____

Costume Oct _____ Costume Nov _____ Discounts _____ Notes: _____