Dance Registration Form

For office use

Dancer's Full Name:_____

(As you want to appear on recital shirt)

Date of Birth:_____ Age (as of Sept 2025):_____

Year of dance at Elite: _____

Please list any medical concerns/conditions/allergies:_____

_____

Previous Dance Experience:_____

Parent/Guardian

Name_____

Mailing Address_____

City_____ Zip Code_____

Cell Phone Number (___)_____Home Phone Number (___) _____

_____

Work Phone Number (___) _____Email_____

_____

Emergency Contact

Name_____Relation to Student_____

_____

Phone Number (_____) _____

How did you hear about Elite Dance Center? _____

CLASSES ENROLLED IN AND TUITION FEES:

CLASS NAME	DAY/TIME	MONTHLY TUITION
1._____	_____	$_____
2._____	_____	
3._____	_____	
4._____	_____	
5._____	_____	
6._____	_____	+$30 Individual/$45 Family Reg Fee
		Total Tuition Due: $_____

FOR OFFICE USE ONLY:

Paid by: Cash _____ Check Number_____ Credit_____

Please Read/Sign and Return

COMPLETION OF PROGRAM AND RECITAL
I understand that students are encouraged to participate in the full dance season that runs from September to June and in the recital at the end of the year. A costume is required for recital and the first deposit is due October 13th, 2025. If I do not wish for my child to partake in recital I must notify Elite Dance Center in writing before November 1, 2025. Costume deposits are non-refundable, I know that I am responsible for payment in the event I change mind at a later date. As always, Ms. Amanda chooses affordable costumes. I also understand the importance of my child staying for the recital and completing the finale. Finale is mandatory for dancers unless in two shows. They must stay for one.
I understand if I am in more than one class it is not guaranteed that I am in one show. There is a chance I could be in two shows.

Parent/Guardian Signature_____

MEDICAL RELEASE
In the event you are unable to reach me, in the case of an accident or injury, I give my permission for treatment as deemed necessary by staff or emergency personnel. I also release Elite Dance Center and its staff of liability in case of injury or accident incurred to:

Parent/Guardian Signature_____

TUITION
I understand that I am making the commitment for a full season, which includes 9 monthly payments for tuition. If I decide to go on vacation, whether short or long, I am responsible to pay tuition as my child is taking a place in class that otherwise could go to another. I agree that credit is given in the form of a makeup class and will fulfill my commitment to pay tuition. I will treat it just as I would a car payment, school tuition, gym membership etc. I will not ask for tuition to be paused and understand I can take advantage of make up classes.

Parent/Guardian Signature_____

STUDIO INFORMATION AND POLICIES
I have read and understand all additional studio information and policies including monthly fees, insurance, bad weather/holiday policies, attendance, practice wear, photo release and recital costume requirement.

Parent/Guardian Signature_____