

SHELLY TRUE DANCE ACADEMY FALL 2021 - SPRING 2022 STUDENT REGISTRATION FORM

Students name _____ **Date of birth** _____ **Age** _____

Address _____ **City** _____ **Zip** _____

School _____ **Grade** _____

Mother/Guardian _____ **Cell #** _____

Email (print clearly) _____

Father/Guardian _____ **Cell #** _____

Email (print clearly) _____

Emergency Contact -

Name/Relation - _____ **Cell #** _____

Classes - Day - Time -

I understand and agree that neither Shelly True Dance academy, it's agents, teachers or employees shall be held responsible or made subject to any claim from injury or accident which may result in connection with any attendance at the school or any of it's related functions.

Signature of parent/guardian - _____

Date - _____

Payment Policy - I understand that tuition is due the 1st of each month. A \$25 late fee will be added to my bill if it is not paid by the 5th. I also understand that classes are a flat rate and that no refunds and no pro rating is granted. It is the responsibility of the student to make up any lost hours.

Signature of parent or financially responsible party - _____

Date - _____

