



American Stars of Dance, Inc. Registration Form 2023 - 2024

Received _____

237 Depot Street or P.O. Box 518
Antioch, IL 60002
Office (847) 838-1234 Fax (847) 838-0699 email: office@americanstarsofdance.com website: www.americanstarsofdance.com

PARENT INFORMATION

Parent/Guardian Name: _____ Cell Phone No.: _____
Parent or Guardian #2: _____ Cell Phone No.: _____
Address: _____ Home Phone: _____
City/St/Zip: _____ Email: _____
All communication will be emailed
Emergency Name: _____ Emergency Phone No.: _____
(Other than Parent)

STUDENT INFORMATION

Name: _____ F / M Birthday: _____ Age: _____
Health Restrictions / Allergies: _____

Class Requested

- Adult Ballet
- Adult Tap
- Ballet
- Ballet/Tap Combo
- Contemporary
- Hip Hop
- Pre-Ballet & Tap
- Poms
- Strength & Flexibility
- Star Squad

Availability

- Morning (9 - 12pm)
- Late Afternoon (4 - 6pm)
- Saturday
- Early Afternoon (1 - 3pm)
- Evening (after 6pm)

Please list days/times you **CANNOT** attend:

Schedule is subject to change. If there is not a class that fits your schedule, please let us know.

*** Class placement is dependent upon instructor approval.**

Monthly Class Fee

45-minute Class \$49.00
1 Hour Class \$61.50
1 ½ Hour Class \$85.00

- 5% Discount for 2 classes**
or Tuition paid in full for 1 class
- 15% Discount for 3 classes**
or Tuition paid in full for 2 classes
- 25% Discount for 4 or more classes**
or Tuition paid in full for 3 classes or more

DUE AT REGISTRATION

Registration Fee (per family) \$30.00
1st Month's tuition _____
June 2024 Tuition _____
Please contact the office if not registering in person for correct amounts.
TOTAL DUE _____

TUITION is due on the 1st of every month

A late fee of \$15.00 will be applied to account on the 15th of the month on past due accounts.

If you drop a class for any reason, you agree to notify the office immediately, forfeit June's pre-paid tuition, current month's tuition, \$30 registration fee, and pay any balance due. Tuition is non-refundable.

Paid with: Cash _____ Check # _____ Charge _____

Please fill out the Credit Card Authorization Form if you wish to have American Stars of Dance automatically charge your credit/debit card every month.

HOLD HARMLESS AGREEMENT: I hereby give my permission for my daughter/son to participate in the program(s) at American Stars of Dance, Inc. I hereby accept all risks and the responsibilities for the use of premise, area, and/or facility including the use of equipment. I further agree to indemnify and save harmless may arise out of the use of thereof. I further give permission for my daughter/son to be photographed and/or videotaped during all classes, rehearsals, and performances. I understand any of which may be used for purposes of promoting American Stars of Dance, Inc. through newspaper ads/articles, brochures/flyers, and the studio's website, Facebook, or Instagram with or without releasing the participant's name. I have read and understood the terms of the above agreement.

Parent/Guardian Signature: _____ **Date:** _____