



American Stars of Dance, Inc. Dance Registration Form 2018 - 2019

Received _____

237 Depot Street or P.O. Box 518
Antioch, IL 60002

133 Cedar Ave.
Lake Villa, IL 60046

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: _____

Most communication will be emailed

Emergency Name: _____

Emergency Phone No.: _____

Other than Parent

STUDENT INFORMATION

Name: _____ Sex: _____ Birthday: _____ Age: _____

Health Restrictions / Allergies: _____

Class Requested Studio Requested (not guaranteed)

- Combination
 - Jazz/Ballet
 - Adult
 - Ballet
 - Hip Hop
 - Poms
 - Boogie Kidz (45 Minutes)
- Antioch Lake Villa

Availability

- Morning (9 - 12pm)
- Late Afternoon (3 - 5pm)
- Saturday
- Early Afternoon (12 - 3pm)
- Evening (after 5pm)

Please list times you **CANNOT** attend:

**** This is only your preference. **Class placement is dependent upon instructor approval.** If there is not a class that fits your schedule, please let us know. We may be able to open a new class.

Monthly Class Fee	
1 Hour Class	\$55.00
1 1/2 Hour Class	\$77.00

- 5% Discount for 2 classes**
or Tuition paid in full for 1 class
- 10% 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) **\$25.00**

1st Month's tuition _____

June's 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, \$25 registration fee, and pay any balance due.

Paid with: Cash _____ Check # _____ Charge _____

Please see the office if you wish to have American Stars of Dance automatically charge your credit/debit card every month.

There is a \$25 return check fee for any returned check.

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 without releasing the participant's name. I have read and understood the terms of the above agreement.

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