



American Stars of Dance, Inc. Dance Registration Form 2017 - 2018

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: _____

Dr. Name: _____

Health Restrictions/Allergies: _____

Class Requested Studio Requested (not guaranteed)

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

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	\$52.00
1 ½ Hour Class	\$72.00
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:** _____