

REGISTRATION FORM

ID # _____

Date Enrolled _____



Houston Academy of Dance
281.497.4783 | 281.497.1030 (fax)



West University Dance Centre
713.664.2233 | 713.664.0643 (fax)

Enrollment

All Bolded areas are required fields on the registration form. Please have the required registration form, registration fee and first tuition payment. We accept cash, check, money order, Discover, Master Card or Visa. When faxing or emailing a registration, please call us to provide credit card information for required payment.

Family Information

Family Name _____

Parent 1 **First Name** _____ **Last Name** _____

Billing Email _____

Cell Phone _____ **Secondary Phone** _____

Parent 2 **First Name** _____ **Last Name** _____

Cell Phone _____ **Secondary Phone** _____

Parent 2 Email _____

ADDRESS

City / State / Zip _____

Student **First Name** _____ **Last Name** _____

Gender (please circle) Female Male **Birth Date** _____

Dancers Email _____

School _____ **Grade** _____

Dance Class _____ Day/Time _____

Dance Class _____ Day/Time _____

Dance Class _____ Day/Time _____

Dance Class _____ Day/Time _____

Dance Class _____ Day/Time _____

My child is in good health and is physically capable of participating in any classes. My child has no physical condition that would be adversely affected by his or her participation in any class offered. I am aware that there is an inherent risk of injury in any class and release Houston Academy of Dance/West University Dance Centre, all of its employees, their heirs and assigns from any and all responsibility and liability arising out of his or her participation in any class or any other activities conducted on the premises.

Allergies _____ **Please Initial** _____

Publication Waiver

We reserve the right to photograph and video record programs and participants for training, advertising, promotional activities, and any other lawful purposes. **Please Initial** _____

New Students

We would like to know how you found out about Houston Academy of Dance/West University Dance Centre. Please circle one of the choices listed below:

Internet YP/ Kids Directory/Newspaper Alumni Referral Walk-in Other _____

Signature of Parent _____ **Date** _____

For office use only

Registration Fee \$ _____ Class Hours _____ Payment Option I / II / III

Tuition \$ _____ Check # _____ Cash \$ _____

Visa / MC/ Disc # _____ Exp. Date _____ CVC# _____ Auth# _____

Name on credit card _____