

# DANCE TIME

DANCE ACADEMY

Please mail completed form to:  
1650 Limekiln Pike 8B  
Dresher, PA 19025

## 2024 Summer Registration Form

Today's Date \_\_\_\_\_

Student's Name (First and Last):  
\_\_\_\_\_

Birthdate (Month, Date, Year):  
\_\_\_\_\_

Age as of September 1<sup>st</sup>: \_\_\_\_\_

Address:  
\_\_\_\_\_  
\_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Parent's Names:  
\_\_\_\_\_

Family Contact #1: (name/cell/relationship)  
\_\_\_\_\_

Family Contact #2: (name/cell/relationship)  
\_\_\_\_\_

Individual Responsible for Tuition:  
\_\_\_\_\_  
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Any health, development, or learning disabilities our  
staff should be aware of:

Referred by: \_\_\_\_\_

Former Studio: \_\_\_\_\_

\*Please indicate class or camp day/week & time:

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_  
4 \_\_\_\_\_  
5 \_\_\_\_\_  
6 \_\_\_\_\_  
7 \_\_\_\_\_  
8 \_\_\_\_\_

Total Tuition: \_\_\_\_\_

\*Please view carefully before signing!

I, the adult participant or I, the parent or guardian of the participant listed above, hereby give approval to participate in any and all Dance Time Dance Academy, LLC programs and activities. I understand Dance Time Dance Academy, LLC, its teachers, studio, and performance premises are not responsible for injuries sustained during class, rehearsal and/or rehearsal to the named participant above as well as any member of his/her family whether as a participant in activities or a spectator. They are also not responsible for lost or stolen items, nor the supervision or welfare me or my child outside of the building (including the studio, recital and dress rehearsal locations, competition venues, etc.). I give permission to Dance Time Dance Academy, LLC to take photos and videos of me or my child for advertising and promotional purposes. Tuition is due at the time of registration. No bills will be sent. Late tuition payments will receive an e-mail with the late fee of \$10 included. A \$20 fee will be applied to any bounced checks. I understand all payments are non-refundable. Students are not guaranteed a spot in the preferred class until registration and tuition is paid. Parents are responsible to inform the studio of students dropping any/all classes. My signature indicates I have read, understood, and plan to abide by Dance Time Dance Academy, LLC's policies.

Parents/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_