

# THE DANCE CONSERVATORY

## Enrollment Form

2010-2011

Student's Name:	Age	Birthday	Class
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Work: \_\_\_\_\_ Cell/Work: \_\_\_\_\_

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

Parent's/Guardian Name: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Please include a Non-Refundable Enrollment fee of \$15.00 (\$10 for current) per student or \$25.00 per family.  
Please send this form along with the registration fee to:

<p><b>TDC</b>  <b>4635 W. Fieldcrest Drive</b>  <b>Cedar Hills, UT 84062</b>  <b>801-472-3615</b></p>
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**Terms:**

I agree to pay The Dance Conservatory my tuition payment(s) by the 10<sup>th</sup> day of each month. I understand that payments received after the 10<sup>th</sup> day will be charged a \$10 late fee. I also agree to pay a \$15 return check fee for returned checks.

It is understood that a 90 day notice is required should we decide to cancel our student's enrollment. I understand that I/we are responsible to pay for any fees that have already been assessed prior to cancellation of enrollment. Such fees include, but are not limited to, the current months tuition, costume & concert fees, equipment, and clothing.

I understand that I need to purchase the proper dance attire for my dancer to participate in class.

I also understand that tuition will not be pro-rated on a monthly basis and that tuition must be paid whether or not my dancer(s) attend class. Tuition prices are calculated on an annual basis as some months have more classes than others.

I also release The Dance Conservatory and its staff members from any claims of damages or injury to the above registered student(s) in connection with or by their association with The Dance Conservatory.

I have read, understand, and agree to abide by the terms listed above in the Enrollment form.

Signature of Parent of Guardian \_\_\_\_\_ Date \_\_\_\_\_