

DANCE EXPRESSIONS

FALL/SPRING 2008-2009 • ENROLLMENT FORM

2 ½ East Peoria • Paola, Ks 66071 • 913-294-3440 • www.danceexpressionsinc.com • info@danceexpressionsinc.com

STUDENT INFORMATION

Students Name: _____ Age: _____ Gender: _____ Birthdate: ____/____/____

Student Cell Phone: (____) ____ - ____ Years of Dance Experience: _____ Years at Dance Expressions: _____

Classes Interested In: *(Please mark each class you are interested enrolling in)*

____ Ballet *(Required for all dance students)* ____ Tap *(ballet requirement)* ____ Jazz *(ballet requirement)*

____ Modern *(ballet requirement)* ____ Competitive Team *(see instructor for requirements)*

____ Tumbling *(No ballet requirement)* ____ Hip-Hop *(No ballet requirement)*

____ Pointe *(3yrs of ballet required & must be at least 13 yrs. old)* ____ Combo Class *(3-7 yrs. old)*

Which program would you like to be enrolled in: *(If age 8 or older, you must choose one or the other)*

____ “Just For Kix” – For the recreational dancer.

____ “Intensive” – For the more serious student.

GUARDIAN INFORMATION

Primary Guardian: _____ Relationship to student: _____

↑ Address: _____ City, State, Zip: _____, _____, _____

Home Phone: (____) ____ - ____ Work Phone: (____) ____ - ____ Cell Phone: (____) ____ - ____

↓ Secondary Guardian: _____ Relationship to student: _____

Address: _____ City, State, Zip: _____, _____, _____

Home Phone: (____) ____ - ____ Work Phone: (____) ____ - ____ Cell Phone: (____) ____ - ____

Would you like to receive your monthly newsletters and notes via e-mail?

____ Yes: Email: _____ | ____ No: *(newsletters will be sent home with your child)*

EMERGENCY CONTACT & MEDICAL INFORMATION

Emergency Contact Name: _____ Relationship to student: _____

Home Phone: (____) ____ - ____ Work Phone: (____) ____ - ____ Cell Phone: (____) ____ - ____

Please list any medical information we should be aware of. _____

How did you hear about us? (Please circle one)

Parade
Drove By
Friend _____

Postcard/Mailer
Web Site

Yellow Pages
Flyer

Newspaper
Other _____

Door Hanger

CLASS INFORMATION

Instructor Use Only: Registration Date: _____ Enrolled by: _____

Class	Day						Time
1.	Mon	Tues	Wed	Thurs	Fri	Sat	
2.	Mon	Tues	Wed	Thurs	Fri	Sat	
3.	Mon	Tues	Wed	Thurs	Fri	Sat	
4.	Mon	Tues	Wed	Thurs	Fri	Sat	
5.	Mon	Tues	Wed	Thurs	Fri	Sat	
6.	Mon	Tues	Wed	Thurs	Fri	Sat	
7.	Mon	Tues	Wed	Thurs	Fri	Sat	
8.	Mon	Tues	Wed	Thurs	Fri	Sat	
9.	Mon	Tues	Wed	Thurs	Fri	Sat	
10.	Mon	Tues	Wed	Thurs	Fri	Sat	

BILLING INFORMATION

How would you like to pay your tuition? (Please check one)
 _____ Monthly _____ Quarterly _____ Annually (10% Discount)

Family Plan:

	General Classes	Discount	Additional Classes	
Student 1 - \$	_____		+ _____	= \$ _____
Student 2 - \$	_____	- 15% Discount ()	+ _____	= \$ _____
Student 3 - \$	_____	- 20% Discount ()	+ _____	= \$ _____
Student 4 - \$	_____	- 20% Discount ()	+ _____	= \$ _____

Total Monthly Family Tuition - \$ _____

Payment Plan Amount \$ _____
 Estimated Costume Fees \$ _____
 Annual Performance Fee \$ _____
 Annual Enrollment Fee \$ _____

Please sign and date below, agreeing that you understand and agree to pay all of the fees shown to the left.

Signature

Date

Enrollment Fee - \$ _____

½ August Tuition - \$ _____

Total Due at Enrollment - \$ _____