

Performers Edge Dance Academy
4037 EAST TREMONT AVE., BRONX, NY 10465

REGISTRATION FORM FOR 2016-2017

Billing Name: _____ Registration Date: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Home Phone: _____ **Email:** _____

Parent: _____ Home Phone: _____

Employer: _____ Work Phone: _____

Cell Phone: _____

Parent: _____ Home Phone: _____

Employer: _____ Work Phone: _____

Cell Phone: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Student Name/s: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Date of Birth: _____ Age: _____

School: _____ Grade: _____

Medical Information (Please print important medical info on the line below):

Returning Student? Yes or No If yes, how many years have you been attending PEDDA? _____

Previous Training? Yes or No If yes, Name of Previous Dance School: _____

Please list past experience in dance or gymnastics (include styles and number of years):

How did you hear about our school? _____

Waiver of Liability

Performers Edge Dance Academy is not held responsible for belongings left in the studio. Performers Edge Dance Academy cannot be held liable for any injury or accident that may occur to students during any of our dance, gymnastics, voice, or musical theater classes, or on the studio's premises. The studio has the right to consolidate any classes not containing the minimum of five students. I am aware that if my child drops out midyear, I have to notify the office and will not receive my costume deposit (**costume deposits and balances are nonrefundable and may not be applied towards tuition credit**). I am aware that the costume fee is \$80 per class. I am aware that tickets for the recital are \$22 per person. (Two free tickets will be given if we cannot accommodate having either the siblings or multiple classes of a dancer in one show). I am also aware that all payments are nonrefundable. If, under ANY circumstances, my child is unable to complete dance classes I have prepaid for, I am fully aware that the balance may ONLY be applied as credit towards future tuition. I am fully aware of the studio's dress code and will abide by it to the best of my ability. I understand that if my child is more than 15 minutes late to class, he/she will not be able to participate. I understand that parents are not allowed to sit in on the classes during class, as it poses a distraction to instructors as well as dancers.

Signature: _____ Date: _____

FOR OFFICE USE ONLY (Below)

CLASS	DAY	TIME

	AMOUNT	Cash, Credit, Debit, or Check	BALANCE	Date/ Received By
Registration Fee				
Costume Deposit				
Costume Balance				

MONTHLY TUITION

MONTH	AMOUNT	BALANCE	RECEIVED BY/ DATE
SEPTEMBER			
OCTOBER			
NOVEMBER			
DECEMBER			
JANUARY			
FEBRUARY			
MARCH			
APRIL			
MAY			
JUNE			