



2011-2012 Registration Form

~ Please Print Clearly ~

Phone: 610-558-3350

Fax: 610-558-4010

www.KicksAcademyofDance.com

364 Wilmington Pike - Glen Mills, PA 19342

How Did You Find Out About KICKS? _____

Account Information

Parent/Guardian Name (Primary Contact): _____

Relationship to student (please circle): Mother Father Other: _____

Street Address: _____ Home Phone: (____) _____

City: _____ Cell Phone: (____) _____

State/Zip: _____ Work Phone: (____) _____

Email Address: _____

Parent/Guardian Name (Secondary Contact): _____

Relationship to student (please circle): Mother Father Other: _____

Contact Phone(s): _____

Account Agreement: I agree to abide by the policies and guidelines of KICKS Academy of Dance. I understand that there are no refunds, credits or deductions for classes missed or discontinued. On behalf of myself, my enrolled child(ren) and other family members in my care, I assume responsibility for any injury sustained or loss of property while on the premises of KICKS or any of its related events. I agree to hold harmless KICKS, its directors, instructors and any of its agents. I give permission for photographs that include my child to be used for promotional purposes such as advertising or press releases.

Parent/Guardian Signature

Date

Student #1 _____

First Name: _____ Last Name: _____

Birthdate: _____ Current Age: _____ Grade in Sept. '11: _____ School in Sept. '11: _____

Does this student have any medical/physical/learning challenges in which we should be made aware?

This student is enrolling in the following Program Division: (please circle)

Creative Dance Creative Combo Kinder Combo 1st Grade Combo

Classic - Primary Classic - Elementary Classic - Junior Classic - Teen Classic - Senior

Class Specifics: (Indicate Day & Time of class - if registering for the Classic Program, also indicate subjects)

1st Choice:

Alternate Choice:

Total # of classes this student is enrolling in: _____ Monthly tuition for this student: _____

Room For Additional Students On The Back Of This Form 

Student #2

First Name: _____ Last Name: _____

Birthdate: _____ Current Age: _____ Grade in Sept. '11: _____ School in Sept. '11: _____

Does this student have any medical/physical/learning challenges in which we should be made aware?

This student is enrolling in the following Program Division: (please circle)

Creative Dance Creative Combo Kinder Combo 1st Grade Combo
Classic - Primary Classic - Elementary Classic - Junior Classic - Teen Classic - Senior

Class Specifics: (Indicate Day & Time of class - if registering for the Classic Program, also indicate subjects)

1st Choice:

Alternate Choice:

Total # of classes this student is enrolling in: _____ **Monthly tuition for this student:** _____

Student #3

First Name: _____ Last Name: _____

Birthdate: _____ Current Age: _____ Grade in Sept. '11: _____ School in Sept. '11: _____

Does this student have any medical/physical/learning challenges in which we should be made aware?

This student is enrolling in the following Program Division: (please circle)

Creative Dance Creative Combo Kinder Combo 1st Grade Combo
Classic - Primary Classic - Elementary Classic - Junior Classic - Teen Classic - Senior

Class Specifics: (Indicate Day & Time of class - if registering for the Classic Program, also indicate subjects)

1st Choice:

Alternate Choice:

Total # of classes this student is enrolling in: _____ **Monthly tuition for this student:** _____



2011-2012 Payment Form

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Account Name (Primary Contact listed on registration form): _____

Student Name (All students registered on this account): _____

Full Year Payment

Total Monthly Tuition: _____ X 10 months = _____	Check Included: Check # _____ Date _____
Less Full Year Discount: _____	Charge To Credit Card: (circle) Visa Master Card
Grand Total: _____	Cardholders Name _____
Less Family Discount: _____	Account Number _____ Expiration Date _____
2nd Grand Total: _____	Authorized Signature _____ Date _____

Reminder - There are no refunds for full year payments after 8/15/11

Monthly Installment Plan

Total Monthly Tuition: _____	Check Included: Check # _____ Date _____
Less Family Discount: _____	Charge To Credit Card: (circle) Visa Master Card
Grand Total: _____	Cardholders Name _____
	Account Number _____ Expiration Date _____
	Authorized Signature _____ Date _____

Be sure your registration is complete →
 ↓ Auto Payment Form Must Be Filled Out Completely 1st Month's Payment Must Be Submitted

Authorization For Automatic Payments - Monthly Installment Plan

For families choosing the Installment Plan, you will be set up on a convenient automatic payment system. To cancel this service if lessons are discontinued, please notify the KICKS office, in writing, by the 15th of the month. If you do not do so, your account will continue to be billed until the end of the agreement or until such written notice is received.

- Checking Account** (Please attach a voided check)
- Credit Card Account:** (please circle) **Visa** **Master Card**

Cardholder's Name (please print): _____

Account Number: _____ Expiration Date: _____

I hereby authorize KICKS to charge my credit card or initiate an automatic withdraw via electronic fund transfer by means of the Automated Clearing House ("ACH"), as indicated above. I understand that I will be notified in September 2011 with details regarding the exact date in which my tuition payment will be processed and applied toward my Installment Plan.

My automatic charges will cover tuition for _____, 2011 through June, 2012.

Should my credit card be canceled, declined or otherwise made unavailable for payment, or should my bank account be closed or transactions declined, I understand that I am still responsible for all remaining charges and agree that a service fee of \$25.00 will be assessed. In the event my payments are declined on a repeated basis, I understand that my continued participation in the automatic payment program may be terminated. If this occurs, I understand that to ensure non-interruption of my child's dance education, I will be required to remit any past due tuition, as well as the remaining year's tuition. This payment will be non-refundable.

Authorized Signature (must match the Cardholder's name)

Date

OFFICE USE ONLY

DanceWorks #:

Recurring CC/Ach Ref #:

Activated:

Amount: