

Gotta Dance by Miss Amy (585) 354-2320
 28 b West Bank Street, Albion, NY 14411
 www.MissAmyNews.com or missamydance@yahoo.com

Parent/Gardian: _____
 Address: _____
 City: _____ Zip: _____
 Phone: _____

Student Name: _____ **Grade:** _____

circle one	Circle Length	Circle Day	Time	Studio
Tap	30 - 45 - 60 - 90	M T W TH	_____	A or B
Jazz	30 - 45 - 60 - 90	M T W TH	_____	A or B
Ballet	30 - 45 - 60 - 90	M T W TH	_____	A or B
Other _____	30 - 45 - 60 - 90	M T W TH	_____	A or B
Other _____	30 - 45 - 60 - 90	M T W TH	_____	A or B

2nd Student Name: _____ **Grade:** _____

Circle one	Circle Length	Circle Day	Time	Studio
Tap	30 - 45 - 60 - 90	M T W TH	_____	A or B
Jazz	30 - 45 - 60 - 90	M T W TH	_____	A or B
Ballet	30 - 45 - 60 - 90	M T W TH	_____	A or B
Other _____	30 - 45 - 60 - 90	M T W TH	_____	A or B
Other _____	30 - 45 - 60 - 90	M T W TH	_____	A or B

3rd Student Name: _____ **Grade:** _____

Circle One	Circle Length	Circle Day	Time	Studio
Tap	30 - 45 - 60 - 90	M T W TH	_____	A or B
Jazz	30 - 45 - 60 - 90	M T W TH	_____	A or B
Ballet	30 - 45 - 60 - 90	M T W TH	_____	A or B
Other _____	30 - 45 - 60 - 90	M T W TH	_____	A or B
Other _____	30 - 45 - 60 - 90	M T W TH	_____	A or B

Registration fee \$10 for first child in the family and \$5 for each additional family member in the same household.

Tuition is due the first of the month with the first payment applied to your last, final payment.

Payment Options: Please Check One

___ Payment in Full Semester 1 _____ Semester 2 _____

___ Monthly Payments Direct Debit Only

(Total 9 if able to operate September - May)

To avoid a \$5 late fee, make sure we receive your payment by the 5th th of each month.

Total # of Classes / Household	30 minute	45 minute	60 minute	90 minute	mom/me
1 Class	\$30	\$35	\$40	\$46	\$33
2 Classes	\$29	\$34	\$39	\$45	\$33
3 Classes	\$28	\$33	\$38	\$44	\$33
4 Classes	\$27	\$32	\$37	\$43	\$33

Accounts must be current to receive costumes and paid in full to participate in the recital.

Registration Fee: _____ **Today's Date:** _____

Final Payment: _____

Other: _____

Total Today's Pymt _____ **Receipt Number** _____

Payment Method: Check _____ Cash _____ Credit Card _____

Parent/ Guardian Signature: _____

Please indicate any health concerns or conditions we should be aware of:
