

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 (Receive a gift card at first registration only)
 Make 3 Tuition Payments (Registration, December, March)
 Monthly Payments Direct Debit Only (Total 9 installments)

To avoid a \$5 late fee, make sure we receive your payment by the 10th of

| Total # of Classes / Household | 30 minute | 45 minute | 60 minute | 90 minute | mom/me |
|--------------------------------|-----------|-----------|-----------|-----------|--------|
| 1 Class | \$29 | \$34 | \$39 | \$44 | \$32 |
| 2 Classes | \$28 | \$33 | \$38 | \$43 | \$32 |
| 3 Classes | \$27 | \$32 | \$37 | \$42 | \$32 |
| 4 Classes | \$26 | \$31 | \$36 | \$41 | \$32 |

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:

