

**Student Information –**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Home Email \_\_\_\_\_  
Student lives with \_\_\_ Father \_\_\_ Mother \_\_\_ Stepfather \_\_\_ Stepmother \_\_\_ Other \_\_\_\_\_  
Student Cell (optional) \_\_\_\_\_ Student Email (optional) \_\_\_\_\_  
School in the Fall \_\_\_\_\_ Grade \_\_\_\_\_ Off-Campus PE \_\_\_ No \_\_\_ Yes 1 or 2  
Medical condition(s) \_\_\_\_\_ Allergies \_\_\_\_\_  
Previous Dance Training \_\_\_ No \_\_\_ Yes - Where \_\_\_\_\_ Style \_\_\_\_\_ Years \_\_\_\_\_

**Responsible Party – Parents or Guardians**

Mother's Name \_\_\_\_\_ Cell/Work # \_\_\_\_\_  
Father's Name \_\_\_\_\_ Cell/Work # \_\_\_\_\_  
Any Information Different From Above \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Home/Cell # \_\_\_\_\_

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Trial Class – Discovery \_\_\_ Ballet \_\_\_ Pointe \_\_\_ Jazz \_\_\_ Hip Hop \_\_\_ Tap \_\_\_ Modern \_\_\_ Leap/Turns \_\_\_  
Class Placement – Discovery \_\_\_ Ballet \_\_\_ Pointe \_\_\_ Jazz \_\_\_ Hip Hop \_\_\_ Tap \_\_\_ Modern \_\_\_ Leap/Turns \_\_\_  
Summer: # of Hours per week \_\_\_\_\_ # of Weeks \_\_\_\_\_ Summer Tuition \_\_\_\_\_ Registration Fee \_\_\_\_\_  
Fall/Spring: # of Hours per week \_\_\_\_\_ Monthly Tuition \_\_\_\_\_ (2<sup>nd</sup> Child Disc) Registration Fee \_\_\_\_\_

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**Tuition Payments – Choose one tuition Payment Option**

\_\_\_\_\_ Pay full year tuition upon registration and receive 10% discount. \_\_\_\_\_  
\_\_\_\_\_ Monthly payments due by the 1<sup>st</sup> of each month. \$20.00 LATE FEE applies after 6<sup>th</sup>.  
\_\_\_\_\_ Automatic monthly payments to credit/debit card processed on the 1<sup>st</sup> of each month for all monthly tuition amount.

**Credit/Debit Card Information - Authorization for Automatic Charge to Credit/Debit Card Account**

\_\_\_ Mastercard \_\_\_ Visa \_\_\_ Discover \_\_\_ American Express  
Card # \_\_\_\_\_ Expiration \_\_\_\_\_ CID/CVC \_\_\_\_\_  
Credit Card Billing Address \_\_\_\_\_ Zip \_\_\_\_\_

I authorize TKB Center for Ballet and Dance LLC to automatically charge my credit/debit card for \_\_\_\_\_ monthly tuition \_\_\_\_\_ costume/recital.

Cardholder Name \_\_\_\_\_ Signature \_\_\_\_\_

**Releases and Authorization**

*I, the undersigned student, parent or legal guardian of a student of TKB Center for Ballet and Dance LLC, for and in consideration of my enrollment or the enrollment of my child or a student for whom I have been granted legal custody hereby voluntarily and knowingly execute this release with the expressed intention of effecting the extinguishment of and complete release from any and all claims, actions, demands or rights to monetary judgment rising from any and all injury or physical harm which may arise from or be sustained as a result of my participation or the participation of my child and/or legal ward in various programs of instruction, practice and physical activity associated with the study of dance and related activities conducted by the TKB Center for Ballet and Dance LLC. I give my permission for my child's picture to appear on TKB Center for Ballet and Dance LLC promotional materials including on the website and in any publications or advertisements. The child's name will not be published without additional permission. I have read and understand the TKB Center for Ballet and Dance LLC policies and agree to abide by these policies without exception.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

I have read the TKB Schedule and policy document and agree to it.