

**TJE DANCE FORCE
REGISTRATION FORM 2018-2019**

PRINT CLEARLY-CAPITAL LETTERS PLEASE

NAME OF STUDENT _____ **DOB** _____ **AGE** _____ **M** **F** _____

ADDRESS _____ **TOWN** _____ **ZIP** _____

PARENT NAME: _____ **HOME PHONE #:** _____

EMAIL ADDRESS: _____ **PARENT CELL #:** _____

EMERGENCY CONTACT: _____ **EMERGENCY #:** _____

<u>CLASS</u>	<u>DAY</u>	<u>TIME</u>	<u>TEACHER</u>
ACRO	_____	_____	_____
ACRO/HH	_____	_____	_____
BALLET	_____	_____	_____
BREAKDANCE	_____	_____	_____
CHARACTER	_____	_____	_____
COMBO	_____	_____	_____
HIP HOP	_____	_____	_____
INTRO	_____	_____	_____

<u>CLASS</u>	<u>DAY</u>	<u>TIME</u>	<u>TEACHER</u>
JAZZ	_____	_____	_____
JUMPS & TURNS	_____	_____	_____
LYRICAL	_____	_____	_____
OPEN	_____	_____	_____
STRETCH & TECH	_____	_____	_____
SPECIAL NEEDS	_____	_____	_____
TAP	_____	_____	_____
OTHER	_____	_____	_____

*Please note in order to insure proper class placement, class assignments are subject to change

Names of other siblings attending TJE: _____

****NEW STUDENTS ONLY: MY DANCE BACKGROUND IS - PLEASE NOTE # OF YEARS AND WHERE YOU STUDIED:**
ACRO ___ LYRICAL ___ BALLET ___ COMBO ___ HIP HOP ___ TAP ___ JAZZ ___ PRIOR DANCE STUDIO: _____

This is my (circle one): 3 5 7 10 11 12 13 14 15 16 17 Year at TJE

I CHOOSE NOT TO PARTICIPATE IN THE 2019 RECITAL: _____ (PLEASE INITIAL)

Welcome! If you have any questions, please feel free to ask us. We will be very happy to accommodate your child in any way possible. Your child's tuition is a yearly fee that is broken down into **TEN MONTHLY INSTALLMENTS – THIS IS PAYABLE FROM SEPTEMBER UP TO AND INCLUDING THE MONTH OF JUNE.**

Tuition per installment: _____

Recurring Customer: _____

I understand it is my responsibility to read the Monthly Newsletter.

Parent Signature: _____ **Date:** _____

OFFICE USE ONLY:

REGISTRATION FEE: (\$30.00 NON-REFUNDABLE) Registration Paid: _____ **Date Paid:** _____ **Receipt #** _____

FIRST INSTALLMENT TUITION: _____ **Tuition Paid:** _____ **Date Paid:** _____ **Receipt #** _____

YEAR TUITION PAID: _____ **Date Paid:** _____ **Receipt #:** _____ **Registered by:** _____