

# JANE'S SCHOOL OF DANCE

## REGISTRATION FOR 2009-2010 SEASON'S CLASSES

Registration: \$30 annual fee for new students, upon enrollment (\$15 for siblings)  
\$20 (\$10, siblings) for returning students prior to 6/12/09 or \$25 (\$12.50 for siblings) after 6/12/09  
An additional \$95 is due for solos & \$70 for duets which will be applied to May's tuition.

Tuition: To be paid monthly (by the 10<sup>th</sup> of every month to avoid a late fee charge)

Class Cost: \$6.50/half hour - \$13.00/hour

Dress Code: Solid Black Leotard, light pink tights, hair securely fastened, appropriate shoes for each class.

Complete and return this form along with your payment ASAP. (Mail to PO Box 86, Versailles KY 40383)

---

Classes will start the week of Aug. 24. If you have any questions please call the studio at 873-8717

Studio opens at 3:30 PM. Do you work? \_\_\_ until what time? \_\_\_\_\_ carpool after school? \_\_\_\_\_

I can arrange to have my child at the studio by 4 \_\_\_ 4:30 \_\_\_ 5:00 \_\_\_ 5:30 \_\_\_ 6:00 \_\_\_

What prior commitments MUST we work around? We will do our best to accommodate

Day \_\_\_\_\_ Time \_\_\_\_\_

Please indicate desired classes: BALLET [ ] TAP [ ] JAZZ [ ] ACROBATICS [ ] PRE-DANCE [ ]

Note: Pre-dance is for students 2 & 3 years old who will not turn 4 prior to 12/1/09.

If a choice of two classes is made, we will schedule back to back classes one night weekly if possible.

SOLO [ ] subject \_\_\_\_\_ DUET [ ] partner \_\_\_\_\_ subject \_\_\_\_\_

Note: Please confirm with Jane before registering for a solo or duet. Jane's signature: \_\_\_\_\_

Costume Deposit: If you have 4 or more costumes or are a company member please indicate which payment option you prefer:

\_\_\_ 5 monthly payments (Sept - Jan) \_\_\_ 2 payments (Nov & Jan)

### PLEASE PRINT CLEARLY

NAME OF STUDENT \_\_\_\_\_ AGE \_\_\_\_\_ (as of 9/1/09)

DATE OF BIRTH \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ (as of 9/1/09)

# OF YEARS COMPLETED AT JANE'S: Ballet \_\_\_ Tap \_\_\_ Jazz \_\_\_ Acro \_\_\_ Pre-dance \_\_\_

### PARENTS/GUARDIANS:

FATHER \_\_\_\_\_ MOTHER \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: HOME (\_\_\_\_) \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_ STUDENT'S CELL (\_\_\_\_) \_\_\_\_\_

FATHER: WORK (\_\_\_\_) \_\_\_\_\_ MOTHER: WORK (\_\_\_\_) \_\_\_\_\_ STUDENT EMAIL \_\_\_\_\_

Parent Email address: \_\_\_\_\_ Responsible person's Social Security # \_\_\_\_\_

Start Date _____ Acct # _____ Tuition _____ Costumes _____ Classes:
--

WEB