



# Registration Form 2023-24

Village Dance Arts ♦ 111 Harvard Place & 149 W. First Street ♦ Claremont, CA 91711  
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Student name: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female  Non-binary  New or  Returning Student  
 Parent(s) name(s): \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Primary phone number: \_\_\_\_\_ mark one: cell home other  
 Secondary phone number: \_\_\_\_\_ mark one: cell home other  
 Student cell number (if applicable): \_\_\_\_\_  
 Primary email address: \_\_\_\_\_  
 Secondary email address: \_\_\_\_\_

## CLASS SELECTIONS:

Class name	Day of week	Time	Class name	Day of week	Time
1.			5.		
2.			6.		
3.			7.		
4.			8.		

**Please note:** Your enrollment will automatically carry over from trimester to trimester (not including summer session). If you are dropping or changing classes after the Fall or Winter trimesters, please notify us as soon as possible so that we may adjust your account accordingly.

## TUITION: refer to schedule of fees

There is an annual registration fee for all students: \$ 20.00

Trimester Payment: (Fall, Winter, Spring) \$ \_\_\_\_\_

**-OR-**

Monthly Installments: (for students taking two or more classes per week) \$ \_\_\_\_\_

**Total payment:** \$ \_\_\_\_\_

I have a credit card on file and authorize automatic charges for tuition and merchandise (monthly or trimester).

I authorize a one-time payment to my credit card.

I would like this credit card to be put on file and authorize automatic charges for tuition and merchandise.

Visa/MC \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ Security code: \_\_\_\_\_

**Is there any medical condition of which we should be aware?** \_\_\_\_\_

My child is interested in participating in this year's recital(s). I understand there will be additional fees/costs.

My child is interested in taking RAD Exams. I understand there will be additional fees/costs.

*I understand that class fees are not refundable and cannot be otherwise credited or transferred. Students must make up missed classes within the session. No refunds or credits for absences. If your child's enrollment changes, please notify the office promptly so that our records are up-to-date. There is a \$10 late fee charged 15 days after due date. \$35 fee on all returned checks. Please write your child's name on your check. All fees must be paid in advance. Session discounts are only available at the beginning of each session.*

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Yes  No I give permission for VDA to use photos/videos of my child in promotional printed and digital materials.

OFFICE USE ONLY: Entered MDW: \_\_\_\_\_ Payment info: \_\_\_\_\_