

SOUL 2 SOLE DANCE, INC

Registration Form/2011-2012 classes

PRIORITY REGISTRATION for CURRENT STUDENTS & IMMEDIATE FAMILY — BEGINS May 31st
OPEN REGISTRATION BEGINS JUNE 6th AND IS ONGOING THROUGHOUT THE YEAR

Tuition and fees must be paid in full upon registration . Register by mail, fax, phone, or in person.

Note: Registration is on a first come, first serve basis only. All fees must be paid in full upon registration. No spots will be held without payment. Class size is limited. Early bird discount is in effect ONLY UNTIL TWO WEEKS PRIOR TO START OF SESSION— no exceptions! No refunds given for classes you cancel two weeks prior to beginning of session.

Last Name: _____ Current student: ___ Past student: ___ New Student: ___
 *Parent E-mail (required): _____ *studio news sent via email
 How did you hear about us? Referral Name _____ Flyer ___ Coupon ___ Yellow Pages ___ Website ___ Other ___
 Address: _____ City/Zip _____ Parent's Names: _____
 Home phone: _____ Work phone: _____ Cell phone: _____
 Emergency contact name: _____ Phone: _____

Student Name	Date of Birth	Class	Day	Time	BG/HP
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I hereby release Soul 2 Sole Dance, Inc., its agents and employees from all liability for personal injury, illness, or property damage occurring on or off the school's premises. I have read the registration information and understand the school's policies as outlined. I understand that I am responsible for tuition payments as described. I certify that my child is in good health and capable of participating in all school activities and classes. I hereby give permission for Soul 2 Sole Dance, Inc. to take photographs for promotional uses for the school.

Parent/Guardian Signature _____ (Must be signed)

38 weeks of classes: session 1: 8/22-11/20 session 2: 11/21-3/4 session 3: 3/5-6/1

You may either pay by cash, check or credit card. Payment method agreed to below will be used for all sessions enrolled in.

If you are paying by credit card, we will automatically charge your credit card on file each session unless you inform us otherwise. We will send an email three weeks prior to start of new session. If you do not wish to continue, let us know at this time and you will not be charged.

45 min. Preschool	\$180	\$165/paid two weeks prior to start	To pay by credit card, please fill out the information below:
90 minute class	\$365	\$350/paid two weeks prior to start	<input type="checkbox"/> I would like one total charge per session made to my card
1 class week	\$245	\$230/paid two weeks prior to start	<input type="checkbox"/> I would like an automatic monthly charge
2 classes week	\$455	\$440/paid two weeks prior to start	per session of three equal payments **
3 classes week	\$650	\$635/paid two weeks prior to start	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
4 classes week	\$840	\$825/paid two weeks prior to start	Credit Card # _____ Exp.: _____
5 classes week	\$995	\$980/paid two weeks prior to start	Name on Credit Card _____ PIN: _____
Additional classes	over 5	\$140/each	**For families paying monthly, there is an additional
Extraordinary Kids	\$534	19 weeks/ Lunch bunch = \$133	<u>\$7/administrative fee added to total per month</u>
Theater		Young Performers \$245 Performance Program \$345	

Class fees: _____ + Yearly \$30 Admin. fee per child: _____ = Total Amount Due: _____

Understand that a late fee of \$15/month will be added to late or unpaid balances

Signature _____

799 Central Highland Park, IL 60035	Phone: 847.579-4660/fax: 847.579-4668
1350 Abbott Court, Buffalo Grove, IL 60089	Phone: 847.276-2820/fax: 847.276-2825