## Shining Starz Studio of Dance 491 Electric Ave. Fitchburg, MA 01420 978-345-0830

www.shiningstarzstudioofdance.com

Registration Form 2019-2020  All Information Is Required To Register Your Child Please print clearly  Parent/Guardian:  Parents e-mail:  Credit Card Number is needed on file:								
					Student:	Age:	Date of Birth:	
					Mailing Address:			
					Home Phone #:		Cell #:	
Class	Day	Time						
Class	Day	Time						
Class	Day	Time						
Class	Day	Time						
Class	Day	Time						
Class	Day	Time						
Class	Day							

Students are placed in classes according to age and ability. If at any time the teacher feels that a student's placement is incorrect, you will be notified and the situation will be rectified. Our first priority is to place children where they will progress, with the day and time of the class secondary. Please try to be flexible with scheduling so your child can make the most of his or her dance experience.

## **Injury Liability Release Form**

I understand that dancing is a strenuous activity where physical injury could occur. I hereby assume full responsibility for any/all damages and/or injuries that I or my child may sustain during any of "Shining Starz Studio of Dance" classes or events and release all school staff and building owners from all and any liability during class, on school premises, or at outside performances.

I have read and agree to abide by this injury liability release form: I further understand and agree that tuition is based on total cost of the ten month dance session broken into monthly payments and not a set number of classes per month.

Parent or Guardian's Signature:	Date

A \$15.00 registration fee <u>and the September tuition payment</u> is required along with the registration form to reserve the student's place in class. A registration is not secure until we have received the first month's tuition and registration fee.

ALL TUITION PAYMENTS ARE PAID MONTHLY

\*\*\*\* SEPTEMBER THROUGH JUNE\*\*\*\*