



291 Main Street  
Suite #3  
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The Dance Design School  
Teaching the heart of dance & music

STUDENT NAME \_\_\_\_\_ AGE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PARENTS FIRST NAMES \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_ NEW ADDRESS?  PLEASE CHECK THIS BOX

NAME ON C/C OR DEBIT CARD \_\_\_\_\_

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL<sub>(Mom)</sub> \_\_\_\_\_ CELL<sub>(Dad)</sub> \_\_\_\_\_

E MAIL ADDRESS<sub>(Mom)</sub> \_\_\_\_\_

E MAIL ADDRESS<sub>(Dad)</sub> \_\_\_\_\_

Early registration is essential for well balanced camps. Please register as promptly as possible by filling out this form and returning it with your credit card or debit card information.

Please write the camp or camps you or your child will be taking.

Check Preferred Payment Plan

Paid In Full, Yearly Tuition

10 Monthly Payments

Summer Camp

**METHOD OF PAYMENT**

Visa MasterCard Discover American Express \_\_\_\_\_  
Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

I hereby authorize Dance Design School, Inc. to charge my account the amount of \$ \_\_\_\_\_ on July 1st, 2012  
A down payment fee of 20% or \$ \_\_\_\_\_ will be charged to my account the time of registration.

I will give the school office one month's written notice in the form of a 'Withdrawal Form' to discontinue these charges. I have read and understand the tuition policies and Withdrawal policy listed with in the tuition policy and I agree to abide by them.

Signature of Card Holder \_\_\_\_\_ Date \_\_\_\_\_

**PHOTO RELEASE:** I hereby grant permission to Dance Design School, Inc. to use my photograph on its Website or in other Dance Design School publication(s) without further consideration. I will make no monetary or other claim against Dance Design School, Inc. for the use of the photograph(s)/video. I also acknowledge Dance Design School, Inc. may choose not to use my photo at this time, but may do so at its own discretion at a later date.

**WAIVER OF LIABILITY:** I agree that I will not hold The Dance Design School, or any employee/teacher liable for injuries sustained or illness contracted while a student is at the class location.

**POLICY TERMS:** I have read, and understand the Policy Statement, RAD Statement, Photo Release Form and the Waiver of Liability, Code of Conduct, and agree to comply with the terms written within them.

How did you hear about us? \_\_\_\_\_

Signature of Student/Parent \_\_\_\_\_ Date \_\_\_\_\_

