



FALL/SPRING 2018-2019 Registration Form

Student's Name (First & Last): _____ Date of Birth (if under 18): _____

If Minor,

Mother's Name: _____ Mother Cell #: _____

Father's Name: _____ Father Cell #: _____

Date: _____

Signature: _____

Student (over 18 years of age) Or Parent/Guardian

Please list the weekly class(es) you wish to enroll in for the Fall/Spring Season

Day	Time	Class Name	Teacher
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

FOR OFFICE USE ONLY:

Total Number Classes: _____

Registration Fee \$25.00 Billed on _____

Monthly Tuition \$ _____

Confirmed Info in Mind Body: _____ Paid by: _____ Cash _____ Credit Card _____ Check Number _____

Dance/Acro Classes-Season Enrollment Monthly Tuition

Classes Per Week	Ages 2-5	Ages 6+
1	\$55.00	\$65.00
2	\$95.00	\$110.00
3	\$125.00	\$135.00
4	\$155.00	\$165.00
5	N/A	\$195.00
6	N/A	\$225.00
7	N/A	\$255.00
8	N/A	\$285.00
9	N/A	\$315.00
10- Unlimited	N/A	\$340.00

Aerial Arts Enrollment Monthly Tuition

1 Class Weekly	\$90.00
2 Classes Weekly	\$160.00
3 Classes Weekly	\$230.00