db DALTON BALLET STUDIO PO Box 532 Dalton, MA 01226

REGISTRATION FORM 2024 - 2025

DANCER NAME(S)		DATE OF BIRTH
1		
2		
3		
PARENT/GUARDIAN NAME(S)	
MAILING ADDRESS		
HOME PHONE	CELL PHONE	WORK PHONE
EMAIL ADDRESS		
EMERGENCY CONTACT / NA	.ME & PHONE NUMBER	
ANY ALLERGIES WE SHOUL	D KNOW OF	

db

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CLASS SCHEDULE 2024 – 2025

CLASS / DANCER NAME(S)	DAY/TIME
1	
2	
3	
4	
5	
6	
THE DALTON BALLET STUDIO OR ITS EMPLOYEES ARE NOT RESPONSII PERSONAL INJURIES, LOST OR DAMAGED PERSONAL PROPERTY.	BLE FOR
I GIVE DALTON BALLET STUDIO PERMISSION TO USE DANCE PHOTOS OF INTERNET PUBLICITY OR ADVERTISING PURPOSES. I ALSO UNDERSTAIN POLICIES AS OUTLINED AND THAT I AM RESPONSIBLE FOR ALL TUITION PAYMENTS AS DESCRIBED IN THE BROCHURE.	ND THE SCHOOL'S
ANY TUITION PAYMENT THAT IS RECEIVED LATE WILL HAVE A \$10.00 LA	TE FEE ADDED.
ANY TUITION THAT IS MORE THAN 3 MONTHS LATE WILL LOSE ANY DISCRECEIVED UNTIL SUCH TIME AS THE TUITION IS PAID AND UP TO DATE. THE BUSINESS MANAGER AND MAKE ARRANGEMENTS, IT IS AT THEIR WAIVE THIS POLICY.	. IF YOU CONTACT
PAYMENTS CAN BE MADE WITH CASH, CHECK, OR CREDIT CARD. IF A CUSED THE ATTACHED FORM MUST BE FILLED OUT AND SIGNED BY THE FEES WILL APPLY TO CREDIT CARD USE (SEE ATTACHED FORM).	
ALL CLASSES ARE DEPENDENT UPON COMPLETE REGISTRATION AND	PAYMENT.
THERE IS A \$15 REGISTRATION FEE FOR EACH FAMILY (NOT EAC WITH THIS FORM BEFORE CLASSES BEGIN.	CH DANCER) DUE
SIGNATURE OF PARENT OR GUARDIAN	DATE

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CREDIT CARD / DEBIT CARD INFORMATION

DANCER NAME(S)	
NAME ON CREDIT CARD	
ADDRESS	
PHONE NUMBER	
CREDIT CARD TYPE	DEBIT CARD
CREDIT CARD NUMBER	
EXPIRATION DATE	
3 DIGIT SECURITY CODE	
l <u>,</u>	AUTHORIZE DALTON BALLET STUDIO TO
CHARGE MY CREDIT CARD FOR SERVIC	ES RENDERED.
I ALSO UNDERSTAND THAT I WILL BE CH SWIPED.	IARGED A 3% SERVICE FEE WHEN MY CARD IS
OR A 3.5% SERVICE FEE PLUS .15 CENTS NOT PRESENT.	S FOR EACH TRANSACTION WHEN THE CARD IS
SIGNATURE OF CARDHOLDER	
DATE	