

**Legein Dance Academy  
Of Performing Arts  
2011 - 2012  
Fall Registration Form**

Non-refundable registration fee: \$25.00 per student /\$35.00 per family

**Personal Information**

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Information**

Child's Allergies: \_\_\_\_\_ Child's Health Conditions: \_\_\_\_\_

Any additional health or physical concerns we should be aware of:

\_\_\_\_\_

\_\_\_\_\_

**Monthly Auto Pay**

I authorize Legein Dance Academy to charge to my credit card on the 1<sup>st</sup> of each month, Sept - June, the following charges: \_\_\_\_\_ tuition \_\_\_\_\_ costumes \_\_\_\_\_ all related fees (including workshops, recital fee, competitive fees, DPT fees, etc.) as they pertain to my child.

Account # \_\_\_\_\_ MC \_\_\_\_\_ Visa \_\_\_\_\_

Expiration Date \_\_\_\_\_ Zip Code \_\_\_\_\_ 3-digit security code \_\_\_\_\_

Signature \_\_\_\_\_

**... OR ...**

I prefer to pay monthly by check with the budgeted tuition envelopes: \_\_\_\_\_

