DIVINE RHYTHMS FALL REGISTRATION FORM - 2021-22

Student Name(s):			
Birthday(s):			
Parent Name(s):			
Address (street/city/zip):			
Email Address: *Please print clearly,	ALL communication is done	via email*	
Home #: Cell #:			
List all relatives that dance at DR:			
List the classes you would like to req			
DAYS OF THE WEEK	DANCE	ACRO	ART
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
TOTAL # OF DANCE HOURS:	TOTAL # OF ACRO F	HOURS: TOTAL # (OF ART HOURS:
DATE REGISTERED:	AMOUNT PAID:		
METHOD OF PAYMENT (CIRCLE):	CASH VISA M/C DISC	AMEX CHECK #	
DEDUCT MONTHLY (CIRCLE): YES	NO		
CREDIT CARD #: EXP DATE:			EXP DATE:
AMOUNT TO DEDUCT MONTHLY: \$ _			
PLEASE NOTE: Auto deduct occurs deducted for costumes fees on the d	on the 1st of the month. In a	ddition to your tuition (non-refun	dable), your account will also be

class if applicable) & Costume Balances: 2/1 (varies per class). PLEASE SIGN BELOW INDICATING YOU HAVE READ AND AGREE TO

THESE TERMS, IN ADDITION TO OUR GENERAL POLICIES AS OUTLINED ON THE BACK OF THIS REGISTRATION FORM.

Signature: