

Enrollment Form

(804) 275-6428

Office Hours (Monday-Thursday 12:00 noon to 6:00 p.m.)

STUDENT INFORMATION: Student's Name:	Data	of Birth	Sove
	Date		
	s(es)		
Parent's Name:			
Address:	City, State:	Zip:	:
Phone(Home):	Phone(Cell):	Phone(Work)	ı:
E-mail Address(es):			
Tuition Policy and Agreemer	t Terms:		
Monthly tuition fee: \$120.00 (for Tuesday OR Thu \$240.00 (for Tuesday AND Th \$36.00 (per private session)-	• •		
DRESS CODE:			
t-shirt, and black ballet shoes	t, cotton or knit pants/shorts, sock reet clothes		knit shorts or pant
Dance Starz, LLC assumes no	tand the Tuition Policies, Medical responsibility for personal injury. I ed in promotional literature or for	grant permission for ar	ny of my children's

Parent Signature:______ Date:_____