



# South Bay Dance Center

5899 Santa Teresa Boulevard, Suite 117  
San Jose, CA 95123  
(408) 972-5679

Student's Last Name \_\_\_\_\_

Student's First Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Student's First Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Student's First Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent or Guardian Name(s) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent/Guardian Cell Phone \_\_\_\_\_ Student Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Emergency Contact (Name) \_\_\_\_\_ Phone \_\_\_\_\_

check one:

New Student  Returning Student

How did you hear about South Bay Dance Center? (please circle one)

Family/Friends Drive-by Online Yellow Pages Bay Area Parent Church Bulletin Other \_\_\_\_\_

Please list any physical problems, past injuries or special needs for your child(ren) below.

\_\_\_\_\_  
\_\_\_\_\_

**Please list class(es) on back of registration form. Students taking multiple classes may choose to highlight a schedule and attach to registration form.**

I have read and understand the Studio Policies, Rules and Payment Schedules. I understand that tuition is due in full the first day of each month and NO LATER THAN THE tenth of each month unless my account is paid in full at time of registration. I understand that a \$20.00 late fee will be added to my account if monthly tuition has not been paid by the tenth of the month. I also understand that a \$25.00 non-refundable registration fee and first and last month's tuition is due at time of registration.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

*\*Parent must sign if student is under the age of 18 years*

I am aware that South Bay Dance Center takes every precaution to assure my safety or my child's safety. However, if an accident should occur and I cannot be notified, I authorize South Bay Dance Center to seek emergency treatment at my own expense. I will not hold South Bay Dance Center or any of its staff members liable.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

*\*Parent must sign if student is under the age of 18 years*

To cancel this agreement, I understand that a drop class form needs to be signed and submitted giving SBDC two weeks notice prior to dropping the class, otherwise I will be responsible for any outstanding balances that assess. I have read and fully understand the above written statements.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

*\*Parent must sign if student is under the age of 18 years*

### For office use only

\_\_\_\_\_  
Date Entered

\_\_\_\_\_  
Monthly Tuition Amount

\_\_\_\_\_  
Registration Fee(s)

\_\_\_\_\_  
Amount Paid

\_\_\_\_\_  
Payment Method

\_\_\_\_\_  
Entered By

