

**Miss Michelle's Turning Pointe School of Dance**

**2024/2025 Registration Form**

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (home and/or cell best# you can be reached): \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Academic School: \_\_\_\_\_ Grade in the Fall: \_\_\_\_\_

Previous Dance Training: \_\_\_\_\_

Helpful tips instructor should know about dancer: \_\_\_\_\_

Is student currently enrolled in any other dance studio? \_\_\_\_\_ if yes, where? \_\_\_\_\_

Year started ballet training: \_\_\_\_\_

Parent(S) & or Guardians: \_\_\_\_\_

Emergency Contact Name(S): \_\_\_\_\_

Work Number: \_\_\_\_\_ (whose phone \_\_\_\_\_)

Cell Phone: \_\_\_\_\_ (whose phone \_\_\_\_\_)

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Classes for the year/9 months September – May/36 weeks

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

Are you interested in Participating in the Spring 2025 Recital in May? \_\_\_\_\_yes \_\_\_\_\_no

Non-refundable Annual Registration Deposit Due to hold student place in class: Individual\$25\_\_\_ Family\$35\_\_\_

Yearly Tuition Due: \_\_\_\_\_

Payment Options:

9 payments September – May 1<sup>st</sup> of the month: amount \_\_\_\_\_

Dancers who take multiple classes receive a discount \_\_\_\_\_

I understand I am enrolling myself/my child \_\_\_\_\_ for a year which is 9 months September – May/36 weeks. Classes are not pro-rated. If I am late on a payment, I will be assessed a \$15 late fee. For any NSF returned checks, I will be assessed a \$30 fee. New students have 4 weeks to withdraw, otherwise I am signing up for 36 weeks September – May.

Date \_\_\_\_\_ Parent or Guardian Signature \_\_\_\_\_

Please return with your payment of cash or check made payable to Miss Michelle's Turning Pointe School of Dance