

Artistic Fusion Dance Academy, LLC

Registration Form 2016-17

Date of Registration _____

Enclosed \$30.00 or \$60 Family Registration Fee yes ___ no ___

BASIC INFORMATION

Dancers Name _____

Address _____

City _____ Zip Code _____

Dancer's Date of Birth _____

Previous Dance Experience(years/place/type) _____

Mother's Information - Name _____

Place of work _____

Home Phone _____ Cell Phone _____ Work _____

E-Mail Address _____

Alt. email address _____

Father's Information - Name _____

Place of work _____

Home Phone _____ Cell Phone _____ Work _____

E-Mail Address _____

Alt. email address _____

Please Print Clearly- Artistic Fusion communicates with our clients through email, that is how we will provide all communication about any events, dates, charges on accounts, changes in schedules, etc.

EMERGENCY CONTACTS/MEDICAL HISTORY

In Case of an emergency and parents cannot be reached, please list 2 contacts

1. _____ Phone # _____ Relationship _____

2. _____ Phone # _____ Relationship _____

Does your dancer have any medical conditions or previous injuries? yes ___ no ___

If yes, please specify _____

ARTISTIC FUSION IS NOT LIABLE FOR ANY INJURIES

ENROLLMENT

Please list the classes you would like to be enrolled in:

If you are an AF Company Member, just please list the Company Level your dancer is in:

Name _____ Day _____ Time _____

Name _____ Day _____ Time _____

Name _____ Day _____ Time _____

Name _____ Day _____ Time _____

Name _____ Day _____ Time _____

REFERAL

Were you referred to Artistic Fusion by anyone? _____

If so, who? _____

ARTISTIC FUSION PAYMENT POLICY

All Artistic Fusion clients will be required to be on automatic payment. The tuition fee will be withdrawn in the amount of \$_____ from your account on the 28th of each month for the following month. The date of automatic withdraw will start on __/__/__ and the last monthly tuition withdraw will take place on 5/28/2015. AF will email when accounts have charges posted on them that are in addition to the monthly tuition fee. All charges are due 7 days after the charge is posted to the account. If payment is not made in another form (cash/check), the card on file will be charged. If the card is declined, the account will be charged an 18% late fee, and if the balance is not paid in its entirety within 7 days from the card decline, the dancer will be removed from Artistic Fusion Dance Academy. Additionally, a \$15 late fee will also be placed upon any account with tuition not paid within this 7-day period. It is the responsibility of the client to inform Artistic Fusion of any expired cards, changes in card numbers, lost or stolen cards, etc. Artistic Fusion will not relinquish the payment responsibility of the dancer's guardian's for any reason, nor will they authorize extended late payment plans. If an account remains unpaid for 30 days, the appropriate collections agency will be contacted. Artistic Fusion has a 30-day Cancellation Policy - This authorization for automatic withdrawal shall remain in full force and effect until such time as Artistic Fusion receives a Cancellation of Services in written form. Upon receipt of this notification, automatic withdrawal will be discontinued 30 days from the date the notice is approved by an AF Staff Member. Artistic Fusion does not prorate tuition for missed classes. Artistic Fusion does not issue refunds.

Name on Card _____ Card Number _____

Exp. Date ____/____/____ 3 Digit Security Code _____

Billing Address: Street _____ City _____ St _____ Zip _____

Please sign below, acknowledging that all information provided above is correct, and you are in full understanding that Artistic Fusion Dance Academy, LLC is not responsible for any injuries or lost or stolen property. By signing below, you acknowledge that you have carefully read and are agreeing to the ARTISTIC FUSION PAYMENT POLICY and authorizing payments to Artistic Fusion Dance Academy, LLC.

Signature _____ Date _____