RHYTHM DANCE CENTER

REGISTRATION FORM

ACCOUNT INFORMATION

Family Name:			
Contact #1 Name:		Cell Number:	Relationship:
Contact #2 Name:		Cell Number:	Relationship:
Family Email:			
Address:		Town:	Zip:
Home Phone:			
Emergency Contact:		Relationship:	Emergency Contact Phone:
Payment: Check 1	◯ Monthly	◯ Semi-Annual	◯ Yearly

STUDENT INFORMATION

Student First Name:	Last:	Birth date:	(Circle One) Male or Female

Student E-mail Address: Student Cell #:

School:	Grade:
Physical or Health Restrictions (if any):	
Previous Dance Affiliation:	Years of Study:
Where did you learn about Rhythm Dance Center:	

CLASS INFORMATION

Day	Time	Class	Fee	Day	Time	Class	Fee

BILLING INFORMATION

Acct Holder Name:	Acct Mailing Address:	Check one: ◯ Credit Card: ◯ Checking Acct.		
Telephone:				

I authorize Rhythm Dance Center to charge tuition for 10 monthly payments on the 21st of the month beginning August 21st, 2026 to May 21st, 2027. I agree to costume payments being charged on October and November 8th, 2026. I agree that I will pay for this in accordance with the issuing bank cardholder agreement.

Checking Account #:	Credit Card Number:	CVV:	VISA:	MC:
Routing #:	Signature:	Expiration Date:	DISC:	AM. EX.:

PHOTO/VIDEO PERMISSION

Check Here — I hereby grant ___ / do not grant ____ permission to Rhythm Dance Center to photograph and videotape classes and performances in which my student is participating. I understan studio may use these images in promotional advertisements and brochures, and on the studio website and Facebook page.

Check Here — LIABILITY DISCLAIMER: The studio, its staff, and its instructors are not liable for personal injury, loss or damage to personal property. Since this is a physical activity, injuries may occu Each student may decline to participate in any activity, which he/she may consider to be harmful. It is the student's responsibility to inform the instructor of any physical limitations, which may prevent full participation in class. Registration fee is non-refundable

Patient/Guardian Signature: _____ Date: _____