

**Florida School for Dance Education
Registration Form: 2018-2019**

Name of Student # 1: _____ Student # 2: _____

Parents Name: _____

Returning Student/s: (Please check if account information is the same as last year.) _____

Address: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone # (M): _____ Cell Phone # (F) _____

E-mail: _____

Emergency Contact: _____ Phone #: _____

Please List any Medical Conditions: _____

How did you hear about us: _____
=====

Student # 1: Birthday _____ School _____ Grade _____

Description of Class	Day & Time	Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student # 2: Birthday _____ School _____ Grade _____

Description of Class	Day & Time	Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Florida School for Dance Education
Payment Form: 2018-2019**

Registration Fees are non-refundable: \$ _____
\$45-Student 1/\$20-Students 2 & 3 /Family Max \$85.00

Tuition Student # 1: (Payment Plan Available) _____

Tuition Student # 2: (Payment Plan Available) _____

Costume Fees Student #1: (50% due Oct. 1st & Nov. 1st) _____

Costume Fees Student #2: (50% due Oct. 1st & Nov. 1st) _____

Total Tuition & Fees: \$ _____

Please Choose: ___ Payment Plan I – 1st Installment due **at registration**, and 2nd installment due **January 1, 2019**.

___ Payment Plan II– 10 Installments, 1st Installment due **at registration**.
Installments 2-10 due the 1st of each month for the months **September 1, 2018– May 1, 2019**.

I authorize FSDE to charge my credit card according to the payment plan selected above.

Credit Card: MC _____ Visa _____ Discover Card _____

Account #: _____

Expiration Date: _____ Security Code: _____

Name on Card: _____

Signature: _____

Date: _____

If paying by check, make payable to **Florida School for Dance Education**.

