



KOLOTOV DANCE STUDIO



611 North Maple Avenue, Ho Ho Kus, NJ 07423 | 201-444-3223 | www.kolotovdance.com | kolotovdance@gmail.com

REGISTRATION 2017-2018

Date _____

Student's Name _____

Address _____

City _____ State _____ Zip _____

Birth Date _____ Age _____

Primary Phone _____

Additional Phone _____

Email address _____

Parent's Name(s) _____

How did you hear about us? _____

Please add my cell phone number to your emergency text message notification system

PERFORMANCE PARTICIPATION

Will your child participate in our performances?
The Nutcracker (Dec.) & Spring Performance (June)

YES, my child will participate

CLASSES

Please list class choices. Refer to schedule for times. 5% auto-discount applied to weekly tuition of 5 hours or more.

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

MEDIA RELEASE

Photos and videos are sometimes taken of students participating in various performances or in class. This media is often used for publicity purposes in ads, newspapers, promotional materials, and on our website.

I give permission for my child's photo or video to be used for publicity or promotional purposes for Kolotov Dance Studio.

FEES

Base tuition _____

Discounts (only one applies)

- **10% off** _____
For additional child **or** payment in full by 6/4
- **5% off** _____
For registration by 6/4 **or** payment in full by 9/30
- **\$50 off** for new referral _____

Subtotal _____

2018 Spring Performance Fee _____

Registration Fee (New Students Only) _____ \$30.00

TOTAL AMOUNT DUE _____

PAYMENT PLANS

___ **Payment Plan One:** Payment in Full at Registration

___ **Payment Plan Two:** Three Payment Installments

\$ _____ **First Payment:** 50% at registration

\$ _____ **Second Payment:** 25%

\$ _____ **Third Payment:** 25%

Credit Card Information

___ Visa ___ MasterCard ___ AmEx ___ Discover

Card Number: _____

Exp. Date: _____ CVV#: _____

Please keep my card on file to automatically charge payments
(We notify you via email when your card is charged)

SIGNATURE & AGREEMENT

I understand there are no refunds for any portion of tuition paid. I understand that the Performance Fee applies only to the Spring Performance. I understand that Kolotov Dance Studio is not responsible for any injuries my child sustains at the studio. I understand I am responsible for my child's attendance throughout the school year.

Parent's Signature: _____

Date: _____