

INFORMATION SHEET

TAKE FIVE DANCE ACADEMY • (623) 932-1342 • 3135 N. DYSART RD. • AVONDALE, ARIZONA 85392

1 STUDENT INFORMATION

First Name _____ **Last Name** _____ **Birthdate** _____
1. _____ GIRL BOY ____/____/____ Age: _____ NEW [] RETURN []
2. _____ GIRL BOY ____/____/____ Age: _____ NEW [] RETURN []

2 PRIMARY ACCOUNT INFORMATION

ONLY NAMES LISTED ON THIS FORM CAN HAVE ACCESS TO YOUR ACCOUNT INFORMATION.

First Name: _____ Last Name: _____ Relationship to Child: _____
Address: _____ City _____ Zip _____
Cell: (____) _____ Home: (____) _____ Work: (____) _____
E-MAIL REQUIRED (Used for Billing & School News): _____

SECONDARY ACCOUNT NAME:

First Name: _____ Last Name: _____ Relationship to Child: _____
Cell: (____) _____ E-mail: _____ (Used for School News)

3 EMERGENCY CONTACT (DIFFERENT PERSON from above, even if they are out of state.)

Name: _____ Phone: _____ Relationship to Child: _____

4 "HOW DID YOU FIND OUT ABOUT US?"

[] Referred By (Parent's Full Name) _____ [] Community Event _____
[] Facebook [] Instagram [] Website [] Drove-by [] Mailer

5 INITIALS & SIGNATURE REQUIRED FOR STUDENT(S) PARTICIPATION

_____ **EXCLUSIVE EDUCATION:** By enrolling, I understand that Take Five Dance Academy will be the exclusive provider of dance and acrobatics education for my child(ren). Take Five Dance Academy's Director must approve any alternative training. K-12 schools and churches are excluded. Failure to comply will result in student(s) being withdrawn from Take Five Dance Academy.

_____ **PHOTOGRAPHS:** Take Five Dance Academy LLC will take pictures in classes, around the studio, at special events, during rehearsals and dance productions. These photographs will be copyrighted by Take Five Dance Academy and could be used in brochures, websites, posters, advertisements and other promotional materials created by the school.

_____ **ACCIDENT OR INJURY:** I release Take Five Dance Academy and its staff from any responsibility for any accident or injury incurred during class, rehearsals, performances or events.

SIGNATURE _____ **DATE** ____/____/____

BY SIGNING THIS FORM, I ACKNOWLEDGE ALL OF TAKE FIVE DANCE ACADEMY'S POLICIES AND WILL ABIDE BY THEM.

STUDENT NO. 1 - OFFICE USE ONLY

TT CD IN DB BT TP JZ AC LY HH HIP D _____ T _____ TE _____
RECEIVED BY _____ COMP ____/____/____ DW _____ COMP IN DW _____
CRM RESULT AFTER COMP _____ MAIL CODES: BY AGE/S.SPEAK _____
REFERRAL IN CURRENT AND NEW ACCOUNT _____ FILED AWAY BY _____

STUDENT NO. 2 - OFFICE USE ONLY

TT CD IN DB BT TP JZ AC LY HH HIP D _____ T _____ TE _____
RECEIVED BY _____ COMP ____/____/____ DW _____ COMP IN DW _____
CRM RESULT AFTER COMP _____ MAIL CODES: BY AGE/S.SPEAK _____
REFERRAL IN CURRENT AND NEW ACCOUNT _____ FILED AWAY BY _____

2017-2018
#8252017

➔ **AUTOMATIC PAYMENT CONSENT FORM ON OTHER SIDE** ➔

AUTOMATIC PAYMENT CONSENT FORM

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1 CARD HOLDER'S INFORMATION - AS ON CARD

First _____ Middle Initial _____ Last _____

Card will be swiped by Take Five Dance Academy: Visa MasterCard

FIRST 4 Numbers _____ & LAST 4 Numbers _____ EX. DATE ____ / ____

THE ADDRESS & PHONE NUMBERS ARE THE SAME AS WRITTEN ON THE INFORMATION SHEET

Address _____ City _____ State _____ Zip Code _____

Contact Number (_____) _____

2 AUTHORIZATION

Name of Student(s) _____

I hereby authorize Take Five Dance Academy LLC to charge my card on file, the tuition amount of \$ _____ . _____ ON THE 3RD DAY OF EACH MONTH starting _____ / **3** / _____ and ending 6/3/18.

AT THE CARD HOLDER'S DISCRETION, any outstanding balances, costs, and/or payments that may incur, Take Five Dance Academy LLC is authorized to charge the card on file.

3 ADDITIONAL AUTHORIZATION - CARD HOLDER MUST BE PRESENT TO APPROVE

Would you like to authorize another person (spouse, child, etc.) to use your card on file? YES NO

If YES, person's Full Name _____ Relationship to You _____

4 INITIALS REQUIRED ACKNOWLEDGING THE FOLLOWING

_____ **TUITION/LATE FEE.** There are no credit transfers after tuition has been paid. All students must pay an annual registration fee. Regardless of attendance, full tuition is due on the 3rd of each month. Service fees will incur for outstanding balances. I understand that if my credit/debit card is unable to be processed on the 3rd of the month, there will be a 30% late fee.

_____ **UNPAID TUITION.** I understand that if an outstanding tuition balance is not paid by the 15th of the month, my student will be withdrawn from the school. Depending on the availability of classes, my child may re-enroll.

_____ **WITHDRAWAL POLICY.** Should it become necessary to discontinue classes for any reason, a withdrawal form must be signed and submitted to Take Five Dance Academy by the 15th day, of the prior month that your child(ren) will no longer be taking classes. Otherwise, tuition charges will continue to incur, regardless of attendance.

_____ **EXPLAINED.** Take Five Dance Academy's Payment Policies and Withdrawal Policy was clearly explained to me by a Take Five Dance Academy staff member.

5 SIGNATURE REQUIRED

PRINT YOUR NAME _____

DATE ____ / ____ / ____

SIGNATURE _____

By signing above, I acknowledge that I have read, understand and agree to everything described on Take Five Dance Academy's Automatic Payment Consent Form.

OFFICE USE ONLY: REC. BY _____ DATE ____ / ____ / ____ DW ADDT. AUTH. _____

2017-2018