

Registration/Automatic Payment Consent Form

Please submit this registration form and registration fee of \$25.00 per student or \$30.00 per family. **Registration fee is non-refundable.**

Student Information:

Name: _____
First Middle Last

Address: _____
Street Apt. Town/Zip Code

Parent/Guardian: _____ Age/Birth Date: _____

Phone: Home: _____ email : _____ Cell: _____

Previous Training: _____
Where Number of Years

Medical Information:

Allergies: _____

Special Conditions: _____ Medication: _____

How did you hear about us? _____
YP. BB . Ref. Newspaper

Method of Payment

___ Visa ___ Master Card _____
Card Number Expiration Date

Card Holder's Name _____

I hereby authorize Dance Theater of New England to charge my account the amount of
\$ _____ on the first day of each month starting _____ and ending _____.

Parent/Guardian/ Date
Student if over 18 years of age

For Office Use Only- Check Where Applicable

Home School Program _____
DTNE Studio Schedule _____

Please List All Classes With Days and Times