

INFINITY DANCE STUDIO REGISTRATION FORM SUMMER 2025

Please Note: Cash, Check, or Venmo, (@Brea-McBride)

Date: _____

To register, please send this form and payment to: PO Box 261

Essex Junction, VT 05453

Section 1

Student's name _____ D.O.B. ____/____/____

Parent's or legal guardian's names _____

Street _____

City _____ Zip _____ Home Phone [_____] _____

Work Phone [_____] _____ Cell Phone [_____] _____

Emergency Contact (other than parent) _____ Phone _____

Email _____

Does the student have any ailments or restrictions? Yes /No If yes, please explain:

Section 2 (Please fill out this section if you are a new student)

How did you hear about us? _____ Has the student had any previous dance training? Yes No

Name(s) of current or previous dance school(s) _____

Section 3

Please list the classes you or your child will be enrolling in- Please refer to chart below for pricing)

Class/Day/Time: _____ Cost: _____

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Class/Day/Time: _____ Cost: _____

	During Recital Season	
1 class per week	\$14.50 per class	\$58.00 per month
2 classes per week	\$14.00 per class	\$112.00 per month
3 classes per week	\$13.50 per class	\$162.00 per month
4 classes per week	\$13.00 per class	\$208.00 per month

When available, single dance class drop-in rate is \$16.00 per class.

Private classes are available and pricing varies depending on the instructor. Minimum rate is \$45 per half hour.

Please contact the studio directly to schedule private classes.

Payment Options-

☐ Cash

☐ Check Check # _____

Release of Liability

As the legal parent or guardian, I release and hold harmless Infinity Dance Studio, its owners and operators from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises or any premises under the control and supervision of Infinity Dance Studio, its owners and operators or in route to or from any of said premises.

Medical Emergency

The undersigned gives permission to Infinity Dance Studio, its owners and operators to seek medical treatment for the participant in the event they are not able to reach a parent or guardian. I hereby declare any physical/mental problems, restrictions, or condition and/or declare the participant to be in good physical and mental health.

Payment and Tuition Information

Tuition is due the first lesson of each month. If accounts are paid after the six-day grace period, there will be a \$10.00 late fee applied to the account balance. There is a \$35.00 returned check charge for any checks returned by the bank. No refunds will be given for missed classes, though make-ups may be arranged. There are 8 paid weeks during the summer season. Payment for the term is divided into 2 equal payments for client convenience.

☐ By signing below, adult student or guardian assumes full financial responsibility for all tuition and fees. Additionally, said person has read the above and agrees to comply with all studio and payment policies.

Date ____/____/____

Signature of parent or legal guardian, if student is under age 18, or student age 18 an older