

Perry Woodard School of Dance

1403 Columbus Avenue
Bay City, MI 48708

Phone
989-892-5131

Email
Office@perrywoodard.com

www.perrywoodard.com

Office Use Only: Date Received _____ Cash _____ Check _____
\$20 Processing Fee Per Family Received _____
Registration Fee Received _____
(\$10 Deposit per class required to hold classes)
Total Amount Received _____

Student's Name Male Female

Parent 1's Name Parent 2's Name

Billing Name Address City Zip

Home Phone E-mail

Parent 1's Employment Cell Work Ext.

Parent 2's Employment Cell Work Ext.

Emergency Contact (other than parent) Cell Home

Student's Birth Date Age School Grade in fall Dismissal time

Allergies & Medical Information

Returning Student No Previous Training Training elsewhere Name of School

Years of Experience

Ballet Lyrical Jazz Acro Tap Hip Hop

Check desired class(es) below

Please note minimum age requirements below

Returning Team Member

Creative Movements (2-3 yrs)

Acro (4+)

Jazz (6+)

Lyrical (5th grade+, & enrolled in ballet)

Ballet (3+)

Tap (5+)

Hip Hop (7+)

"I, hereby assume all financial responsibility for the above student enrolled at the Perry Woodard School of Dance. I further understand that I will be held responsible for all expenses, until I notify the Studio that the above student will no longer be attending class." Notification must be given 5 days prior to the 1st of the Month for dropped classes or Tuition will be billed.

The Perry Woodard School of Dance does not carry medical insurance for its students. It is required that all dance students be covered by their own family insurance policies and if injury occurs, it is understood that the student's own policy is your only source of reimbursement. This includes communicable related illnesses, including, but not limited to Covid-19.

A non-refundable processing fee of \$20.00 per family and \$10.00 registration fee per class is required when returning this form. Registrations received by the JUNE 30th deadline will receive a tuition reduction for the first month's tuition in the amount of the registration fee paid.

Any registrations received AFTER 6/30 will not be eligible for the first month's tuition reduction.

"I, hereby, grant Perry Woodard School of Dance permission to photograph my child and use my child's photography/video, with the utmost discretion, for promotional purposes, and /or social media and PWSD's website.

DATE: SIGNATURE: (Parent or Adult Signature)

Please mail completed form to: PWSD, 1403 Columbus Avenue, Bay City, MI 48708

Office Use Only- Returning Student _____ New Student _____ Information in Computer _____ Classes Scheduled _____