



2010 – 2011 Registration Form

Please use one form per child. Mail or fax this form to the address at the bottom of the page, or bring it by the studio - Park Road Shopping Center Back Court. Please include your credit card information or check for the registration fee of \$40.00 per student. Make checks payable to Jami Masters’ School of Dance, Ltd. All classes will be filled on a first come, first served basis with priority given to presently enrolled students.

Student’s Name: _____

Parents’ Names: _____

Address: _____

City: _____ Zip: _____

Home phone: _____ Cell phone: _____ E-Mail: _____

In case of emergency, contact: _____ Phone: _____

School: _____ 2010-2011 Grade: _____

Date of Birth: _____ Age: _____

2010-2011 will be my _____ year dancing at Jami Masters’ School of Dance, Ltd.

Please register me for the following class(es):

Class Title	day and time	teacher
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

*(Continue on back of form or additional page if needed.)

Tuition information: The first class you register for is regular tuition: _____

Each additional class has a reduced rate of \$50.00 / month: _____

Total monthly tuition (attach a voided check): _____

***Please attach a check to Jami Masters School of Dance, Ltd. or advise your credit card information for your registration fee of \$40 per student. (Please attach an additional voided check with this registration form and we will make arrangements to have your tuition automatically drafted each month. If you do not wish to have your account drafted we will arrange for monthly billing.)**

Credit Card # (Visa or MasterCard) : _____ Exp: _____

Name as it appears on card: _____ Security Code: _____

I agree to release and discharge Jami Masters’ School of Dance, Ltd and its officers, instructors and agents of and from any claims, demands, or liability of damage arising from the participation of my child in any classes and/or programs sponsored by Jami Masters’ School of Dance, Ltd.

Parent/Guardian Signature: _____ Date: _____

*Studio Location: Park Road Shopping Center - Back Court
Mailing Address: 1425 Queens Road West • Charlotte, North Carolina 28207
704-525-6555 FAX 704-523-6317*