



2011 – 2012 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: \_\_\_\_\_

Emergency contact (if other than parent): \_\_\_\_\_ Phone: \_\_\_\_\_

School: \_\_\_\_\_ 2011-2012 Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

2011-2012 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: \_\_\_\_\_

**\*Please attach a check to Jami Masters School of Dance, Ltd. for your registration fee of \$40 per student. (You may attach an additional voided check with this registration form and we will make arrangements to have your tuition automatically drafted each month. If no voided check, we will arrange for monthly billing.)**

**You may advise your credit card information for your registration fee of \$40 per student. (This cannot be used 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