



279 Ferry Boulevard • Stratford, CT 06615 • 203.377.8755 • www.ctdanceconservatory.com

2019-2020 Music Lesson Registration Form

Date of Registration: _____ New Student? YES NO
How did you hear about us? _____ or
The 2019-2020 Season will be my _____ year at CDC.

Student Name: _____ DOB: _____

Parent's Name(s): _____

Home Address: _____

Home Phone Number: _____ Allergies/Special Notes: _____

Parent/Guardian Cell #: (1) _____ (2) _____

Parent/Guardian Email: (1) _____ (2) _____

Emergency Contact (Name/Number/Relation): _____

- Please circle what you are interested in: *Voice Piano Guitar Base*
- Please circle which day of the week works best for your lesson: *Mon Tues Wed Thurs Fri Sat*
- Our front desk staff will call you to schedule your weekly private lesson!

I would like to participate in the spring recital: YES NO

*Please note- you are signing up and registering for monthly music lessons. If you miss your lesson for whatever reason there are no reimbursements, however you can make up your lesson at another time.

Method of Payment

Circle One:

AHC Debit or Credit Card or Year in Full

Your Monthly Tuition is: _____

Recital Costume amount is: _____

Credit Card Information- (if applicable)

CARDHOLDER NAME	First:	Last :	
BILLING ADDRESS -	Street :	Zip:	
Card Number	VISA MASTERCARD or AMEX	Exp Date	CVV

Recurring Billing Contract – Credit Card & ACH Debit

I authorize the School of Dance & Music to keep my signature on file and to debit my credit card or bank account or on an ongoing basis for amounts I owe. I understand that this authorization is valid until June 2012 or until a withdrawal form is completed. I also authorize the school to update my billing info or charge any incidental fees or any ongoing or modified lesson fees by giving verbal authorization to the school by phone or in person. There is a two-month minimum for all lessons. A 30-Day notice is required to discontinue any class. I also agree to contact the School of Dance & Music if there are any changes to my credit card or bank account information.

Account Holder Signature: _____ **Date:** _____

PAYMENT OPTIONS

- ⇒ Non-processing fee of \$25 will be charged if your card is refused.
- ⇒ LATE FEE of \$25 per month will be added to all overdue accounts.

Please Sign:

I have read and will adhere to all CDC Studio Policies.

Signed: _____ Date: _____

I give CT Dance Conservatory my consent to use any photo taken of my child/children for advertising purposes only.

Signed: _____ Date: _____

OR

I **DO NOT** give CT Dance Conservatory my consent to use any photo taken of my child/children for advertising purposes.

Signed: _____ Date: _____

On behalf of myself and my child, I hereby waive, do waive, release and hold harmless the Connecticut Dance Conservatory, its representatives, successors, assigns, principles, employees, agents and the like, from any and all claims for damages including, but not limited to, any injuries suffered by myself and/or child in any program or facility offered by the Connecticut Dance Conservatory. In recognition of the inherent risks involved in this program, I hereby accept full responsibility for any injury or damages sustained by myself and/or child and will hold the Connecticut Dance Conservatory, its representatives, successors, assigns, principles, employees, agents and the like, harmless from any claim. This waiver and hold harmless is given in consideration of the Connecticut Dance Conservatory accepting my child as a student and enrolling my child in its programs.

Parent/Guardian: _____ Date: _____