



2017-2018 Registration Form

~ Please Print Clearly ~

Phone: 610-558-3350

Fax: 610-558-4010

www.KicksAcademyofDance.com

364 Wilmington Pike - Glen Mills, PA 19342

How Did You Find Out About KICKS? _____

Account Information

Parent/Guardian Name (Primary Contact): _____

Relationship to student (please circle): Mother Father Other: _____

Street Address: _____ Primary Phone: (____) _____

City: _____ Secondary Phone: (____) _____

State: _____ Zip: _____ Work Phone: (____) _____

Email #1: _____ Email #2: _____

Parent/Guardian Name (Secondary Contact): _____

Relationship to student (please circle): Mother Father Other: _____

Contact Phone: _____ Email: _____

Account Agreement: I agree to abide by the policies and guidelines of KICKS Academy of Dance. I understand that there are no refunds, credits or deductions for classes missed or discontinued. On behalf of myself, my enrolled child(ren) and other family members in my care, I assume responsibility for any injury sustained or loss of property while on the premises of KICKS or any of its related events. I agree to hold harmless KICKS, its directors, instructors and any of its agents. I give permission for photos/video that include my child to be used for promotional purposes such as marketing or press releases.

Parent/Guardian Signature

Date

Student #1 _____

First Name: _____ Last Name: _____

Birthdate: _____ Current Age: _____ Grade in Sept. '17: _____ School in Sept. '17: _____

Does this student have any medical/physical/learning challenges in which we should be made aware?

This student is enrolling in the following Program/Division: (please circle)

Fundamental (Preschool-Kindergarten): Fundamental A Fundamental B Fundamental C

Classic Combo (Grade School): Combo A Combo B Combo C

Classic Select (Experience Required): Select A Select B Select C Select D

Class Specifics: (Indicate Day & Time of class - if registering for the Classic Program, also **indicate subjects**)

1st Choice(s): _____ Alternate Choice(s): _____

Total # of classes (not Subjects) this student will be taking per week: _____

Room For Additional Students On The Back Of This Form →

Student #2 _____

First Name: _____ Last Name: _____

Birthdate: _____ Current Age: _____ Grade in Sept. '17: _____ School in Sept. '17: _____

Does this student have any medical/physical/learning challenges in which we should be made aware?

This student is enrolling in the following Program/Division: (please circle)

Fundamental (Preschool–Kindergarten): Fundamental A Fundamental B Fundamental C

Classic Combo (Grade School): Combo A Combo B Combo C

Classic Select (Experience Required): Select A Select B Select C Select D

Class Specifics: (Indicate Day & Time of class - if registering for the Classic Program, also **indicate subjects**)

1st Choice(s):

Alternate Choice(s):

_____	_____
_____	_____
_____	_____
_____	_____

Total # of classes (not Subjects) this student will be taking per week: _____

Student #3 _____

First Name: _____ Last Name: _____

Birthdate: _____ Current Age: _____ Grade in Sept. '17: _____ School in Sept. '17: _____

Does this student have any medical/physical/learning challenges in which we should be made aware?

This student is enrolling in the following Program/Division: (please circle)

Fundamental (Preschool–Kindergarten): Fundamental A Fundamental B Fundamental C

Classic Combo (Grade School): Combo A Combo B Combo C

Classic Select (Experience Required): Select A Select B Select C Select D

Class Specifics: (Indicate Day & Time of class - if registering for the Classic Program, also **indicate subjects**)

1st Choice(s):

Alternate Choice(s):

_____	_____
_____	_____
_____	_____
_____	_____

Total # of classes (not Subjects) this student will be taking per week: _____



2017-2018 Payment Form

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Account Name (Primary Contact listed on registration form): _____

Student Name (All students registered on this account): _____

Full Year Payment

Total Monthly Tuition: _____ X 10 months = _____	Check Included: Check # _____ Date _____
Less Family Discount: _____ Grand Total: _____	Charge To Credit Card: (circle) Visa Master Card Discover
Less Full-Year Discount: _____ Final Total: _____	Account Number _____ Expiration _____ 3 digit V-Code _____ Billing Zip Code _____
	Cardholders Name _____ Authorized Signature _____ Date _____

Reminder - There are no refunds for full year payments after 8/15/17

Monthly Installment Plan

Total Monthly Tuition: _____ Less Family Discount: _____ Final Total: _____	Check Included: Check # _____ Date _____
	Charge To Credit Card: (circle) Visa Master Card Discover
	Account Number _____ Expiration _____ 3 digit V-Code _____ Billing Zip Code _____
	Cardholders Name _____ Authorized Signature _____ Date _____

Be sure your registration is complete →
 ↓ Auto Payment Form Must Be Filled Out Completely 1st Month's Payment Must Be Submitted

Authorization For Automatic Payments - Monthly Installment Plan

For families choosing the Installment Plan, you will be set up on a convenient automatic payment system. To cancel this service if lessons are discontinued, please notify the KICKS office, in writing, by the 15th of the month*. If you do not do so, your account will continue to be billed until the end of the agreement or until such written notice is received. (*Discontinuation will only be accepted until January 15, 2018. After this date you will be responsible for all remaining payments.)

Checking Account (Please attach a voided check / must have current & correct address printed on it)

Credit Card Account: (please circle) **Visa Master Card Discover**

Account Number: _____ Exp. Date: _____ V Code: _____

Cardholder's Name (please print): _____

Billing Address: street _____ city _____ state _____ zip _____

I hereby authorize KICKS to charge my credit card or initiate an automatic withdraw via electronic fund transfer by means of the Automated Clearing House ("ACH"), as indicated above. Tuition payments will be processed on the 28th of the month prior, to be applied toward my Installment Plan.

My automatic charges will cover tuition for (starting month) _____, 2017 through June, 2018.

Should my credit card be canceled, declined or otherwise made unavailable for payment, or should my bank account be closed or transactions declined, I understand that I am still responsible for all remaining charges and agree that a service fee of \$25.00 will be assessed. In the event my payments are declined on a repeated basis, I understand that my continued participation in the automatic payment program may be terminated. If this occurs, I understand that to ensure non-interruption of my child's dance education, I will be required to remit any past due tuition, as well as the remaining year's tuition. This payment will be non-refundable. This authorization will be binding on any changes made to my payment method throughout the dance season.

Authorized Signature (must match the name on the Credit Card or Check)

Date

OFFICE USE ONLY

DanceWorks #:

Activated/Updated (Date):

Start Date:

of Payments: