

Gold Canyon School of Ballet

- Summer 2022 Enrollment (PLEASE FILL OUT BACK SIDE) -

Dancer Name: _____

Dancer Birthday: _____

Dancer Age as of June 1, 2022: _____

Dancer Address: _____

Any Dance Experience? If yes, please describe: _____

Dancer Guardian Name: _____

Guardian Birthday: _____

Relation to Dancer: _____

Occupation: _____

Email: _____

Guardian Phone #: _____

(Primary contact will be email. Please check email frequently.)

Guardian Address (If Different): _____

Class Level (Assigned by Mrs. Maddy by age and/or ability. If unsure of placement, please contact Mrs. Maddy:

Please Select Payment Method:*

Credit Card**

Check (Please make out to: "Madison - Gold Canyon School of Ballet")

Cash

Scholarship (Must Apply With Valid Need)

****Credit card on file REQUIRED to hold enrollment. If payment is not received by dates outlined below, your card will be automatically charged tuition total.**

CONFIDENTIAL ~ Card Information:

Name on Card:

Card #: _____

Expiration Date:

Security Code:

****All card payments taken securely via Square. Credit card invoices emailed via Square. All payments recorded via Square. Payment information not shared.***

By signing below you agree to allow Gold Canyon School of Ballet to use your child's photo and first name for all marketing purposes.

Guardian Signature: _____ Date: _____

By signing below you agree to pay full tuition and enrollment fees in their entirety by July 31, 2022 and enrollment fees by June 27, 2022. If you fail to pay fees by their due date, your card will be automatically charged the tuition and enrollment totals. By signing below you understand that if payment is not received, your student may not be able to participate in the next session of classes.

Guardian Signature: _____ Date: _____

By signing below you agree that Gold Canyon School of Ballet (and any of its instructors or students) and Gold Canyon Community Church are NOT liable for any injury or illness/virus that could occur or be obtained/caught while in classes or on the property. By signing below, you assume full responsibility for any injury/illness that might be obtained and any accident that could occur.

Guardian Signature: _____ Date: _____