

StarStruck Dance Center

105 N Saginaw, Holly, MI 48442
(248) 634-4034

To be completed by office:
Dance Year: _____

Student's Name _____ Parent's Name _____

Home Address _____ City _____ Zip Code _____

() _____ () _____ () _____ / /
Home Phone _____ Cell Phone _____ Work Phone _____ Student's Birthdate _____

Emergency Contact & Number _____ Doctor's Name and Phone _____

_____ @ _____
Driver's License No. _____ Email Address to receive info at home/work _____

_____ **Direct Pay:** I agree to have all my agreed fees paid by the first Monday of each month. I understand that it will be automatically charged to my credit/debit card. This fee will include the charges indicated below. I must keep a updated record of my charge information on file with SSDC.

_____ **Automatic Recital Fee:** I agree to have a charge of **\$10.00** added to my monthly tuition fee each month for the end of the year recital fee.

_____ **Costume Payments:** I agree to have a charge of \$ _____ each month added to my monthly tuition for payment toward my costumes.

Alternate Address: Should this person receive the newsletters and any information relating to billing? _____

Name: _____ Relationship: _____

Mailing Address: _____

City _____ State _____ Zip _____

Phone Number: () _____ Email: _____ @ _____

Additional Information: _____

OFFICE USE ONLY:

Classes: _____

Please initial each of the following statements:

- _____ I understand that I have 10 days to pay the monthly tuition. If it is not paid by the 10th day of the month, the result is a \$10.00 late fee that is automatically added to my monthly fee. If the fee, including the late fee, is not paid by the 15th of the month, the result is dismissal from class. Payments will also be accepted by mail and will not be considered late if postmarked by the 10th of the month.
- _____ There will be a \$20.00 fee for any returned checks. Also, there will be **NO PERSONAL CHECKS ACCEPTED AFTER APRIL 1**. We will only be accepting cash after this date.
- _____ If myself/my child is in the **Carte Blanche program**, it is understood that I pay the same amount every month, regardless of the number of weeks, holidays or missed classes. This is due to the Unlimited Class policy. The entire Carte Blanche fee is required for the last month of lessons which does include the month of recital.
- _____ The dance center will generally follow HOLLY AREA SCHOOLS Holiday and Bad Weather policies. The dance center will be open for "weather" days, regardless if the other surrounding area schools are open. If in doubt, please feel free to call the studio. The dance center does not close for "Teacher Work Days".
- _____ Tuition remains the same per month whether it is a long (5-week) or short (3-week) month and regardless of absences. We will adjust your tuition in the last month to make up for the previous long or short months. (It will be figured out to have 4 weeks in every month.)
- _____ I understand that if my child/self cannot attend a scheduled class, that the dance center is not responsible for my actions and the dance center will not be held accountable. There will be no reimbursements for missed classes by the student. I may attend another scheduled class to make-up for any missed classes.
- _____ I have received a copy of the Information and Policies sheet for my reference.

I understand the rules set by StarStruck Dance Center, and will abide by them. There are no refunds after the first day of class. Any class may be canceled due to registration and will be under the discretion of the dance center. Teachers may recommend changes of level for students during the first few weeks of classes. **STARSTRUCK DANCE CENTER IS NOT RESPONSIBLE FOR INJURIES SUSTAINED DURING CLASSES.**

I accept full responsibility for debts incurred by my child/self.

Signed: _____ Date: _____

Recital Fee: Amt: _____ Paid: _____

Tickets: Amt: _____ Paid: _____

Tickets Needed: _____ Received: _____

Date Started Dancing: _____

Year of First Recital: _____

Monthly Fee: _____

Family Fee: _____

Carte Blanche: _____

Additional Fee's each Month:
Recital Fee: _____

Costume Fee: _____

Total to be billed each month: _____

TUITION

	Date		Cash/Chk		Paid	Bal.	RF/LF
Jan		#		Amt.			
Feb		#		Amt.			
Mar		#		Amt.			
Apr		#		Amt.			
May		#		Amt.			
June		#		Amt.			
July		#		Amt.			
Aug		#		Amt.			
Sept		#		Amt.			
Oct		#		Amt.			
Nov		#		Amt.			
Dec		#		Amt.			