



REGISTRATION / AUTOMATIC PAYMENT CONSENT FORM

Student's Last Name: _____ Student's First Name: _____

M • F Student's Birthdate: _____ Student's School: _____

Mother's Name: _____ Father's Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Address: _____
Street City State Zip

How did you hear about us?: _____ Medical Conditions: • No • Yes _____

Emergency Contact: _____ (_____) _____ - _____

REGISTRATION (Office Use Only)

Date Registered: _____ Date Starting Class(es): _____

Class(es): _____

First Month's Fees:

\$ _____ + _____ = \$ _____
Tuition Registration Fee Total Payment (cash or check only)

METHOD OF PAYMENT

• Checking Account – Voided check needed Credit Card (Visa or Mastercard only) – Please fill out attached form

MONTHLY FEE:

I hereby authorize Santa Cruz Dance Company to charge my account in the amounts and on the dates stated below.

A monthly charge of \$ _____ on the first day of the month starting _____
and ending on _____.

I will give the Santa Cruz Dance Company office staff one month's notice from the first of the month to discontinue these charges.

Signature _____ Date _____



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Only regular occurring monthly fees may be paid by auto-debit or credit card. All other fees such as recital fees, recital tickets, and costume fees must be paid separately.