

REGISTRATION

Please Print Clearly

Student's Name _____
Date of Birth _____ Age _____
Client (If under 18) _____
Address _____
City _____ Zip _____
Phone (H) _____ (C) _____
Email * _____

Class / Day / Time

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____
- 7) _____

Total Hours Per Week _____

I understand, accept and agree to abide by the policies of the School.

Signature (Client or Adult Student)

* All communication (announcements, statements, etc.) is done via your email address. It is always sent via BCC and not broadcast.

Payment Options (Please Initial):

_____ I am paying by the Semester.
Fall Term Due 8/19/2011 (Enclosed)
Spring Term due 1/15/2012

_____ I am paying monthly.

_____ Please charge my Semester / Monthly payments to:
(Circle) VISA MasterCard American Express

Acct. # _____

Exp. _____ VIN _____

Signature: _____

_____ I am paying by check

_____ I would like to set up automatic withdrawal for my payments (Currently being set up by our Bank)

Total Your Payment

Registration Fee (Due with first payment	\$ _____
Costume Deposit(s) (Due November 15)	\$ _____
Recital Fee(s) (Due March 15)	\$ _____
Tuition 1st Child	\$ _____
Tuition 2nd Child	\$ _____
Tuition 3rd Child	\$ _____
Tuition 4th Child	\$ _____

Total Enclosed \$ _____

Make checks payable to Connally's Dance Workshop, Inc.
Mail to: 2800 NE Loop 410, Ste. 307, San Antonio, TX 78218