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www.cfdance.com
407-656-8131

Professional Dance Instruction

Ages 2-Pre K

Student Information and Registration form.

Please fill out both sides of the Registration agreement. Completed forms should be returned to Star Child Academy front desk or Central Florida Dance Center. Please call 407-656-8131 with any questions or for further information.

Central Florida Dance Center / Starchild Academy Dance Instruction Registration Agreement and Tuition Requirements.

Registration requires a credit card on file.

There is a **\$20.00** family registration fee each year. This non-refundable fee is due upon registration and covers the entire family. **Your 1st tuition installment or payment in full is also due upon registration. ALL TUITION MUST BE PAID BY THE 1st of each month. Tuition paid after this date could incur a \$25.00 Late Fee.** **Please note: If payment is not received by the 5th of each month, by signing below you understand that we will process your credit card for your balance due, along with a \$25 late fee. If you know your child will not be able to attend classes, or if you wish to withdraw your child from class, it is your responsibility to inform Central Florida Dance Center in advance of your billing being processed.

NO REFUNDS WILL BE GIVEN ON TUITION.

Auto Pay: This service is completely free.

Your account will be billed with the credit card on file. CFDC will charge monthly tuition on the 1st of each month

If you wish to use Auto-Pay please check the appropriate box on the next page.

Credit Card Requirements: We request a credit card number to be on file for each student. By signing this contract you agree to have your credit card charged for tuition plus any outstanding balances.

Payment Methods: Payments can be made by Cash, Check or Charge. All Personal checks however are subject to a \$30.00 Insufficient Funds fee, and require a state issued driver's license.

Release: By signing this contract you agree to release and forever discharge, Central Florida Dance Center and their employees from any liabilities growing out of or related to any activities in which I or my child may participate in. I understand that this is a full and complete release for all injuries or damages which I or my child may sustain as a result of my/his/her participation in any activities, regardless of the specific case thereof.

Medical: Students with past & present health problems must inform the school with proper information detailed in the section marked "Known Medical Conditions" on the Registration Form.

Student Name: _____ Date of Birth: _____ Age: _____

Previous Experience & Studios: _____

Parent Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____



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ENROLLMENT

Classes are held on Tuesdays 2:30pm-3:15pm
Thursdays 3:00pm-3:45pm

*Each Student's class time will be determined by students age and current academic level.

TUITION

Tuition is \$40 a month for one 45 minute class per week.

Payment Plan: ***A credit card is required to be on file for all accounts whether or not you are using Auto-Pay.**
All personal checks are subject to a \$30 insufficient funds fee and a state issued drivers license must be present.

TUITION IS DUE ON THE 1ST OF EVERY MONTH

Payment method: Auto-Pay Monthly Personal Check

Drivers License # (Required if paying by Check) _____

Tuition Rate \$ _____ + Annual Registration Fee \$ 20 = \$ _____

Card Number: _____ Exp Date: _____

Cardholder's Name: _____ 3 digit security code (On back of Card) : _____

Student Medical Information

Allergies: _____ Medical Conditions: _____

Current Medications: _____

Signature Required

I understand that all tuition must be paid in advance to reserve a space in my registered class. I understand that tuition is due on the 1st of each month and I may incur a late fee if it is not paid by the 5th. I understand that there are NO CREDITS/REFUNDS. I also understand that students of CFDC automatically grant permission to CFDC to use their photos and videos for advertising and publicity purposes, inclusive of television, videotaping or film broadcasts in connection with promotional campaigns. By signing below I understand and agree to the above Registration Agreement and Tuition requirements.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____