

# Structured Program Registration - Fall Semester 2009

Student Name \_\_\_\_\_

Date of birth \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency Phone \_\_\_\_\_

TRDance Center • 325 Granby St, Norfolk, VA 23510 • 757-626-3262 • www.trdance.org

## *I would like to enroll my child in the following class(es):*

- 1) Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_
- 2) Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_
- 3) Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_
- 4) Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_
- 5) Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

### **Payment Information:**

- I agree to pay in full for the 20 week Fall Semester. Amount \$ \_\_\_\_\_  
Check # \_\_\_\_\_ Cash Money Order Visa MC Discover
- I agree to a five-month payment plan. Payments are due by the 8th of the month beginning September 8 and ending with the final payment due January 8. Amount \$ \_\_\_\_\_  
Check # \_\_\_\_\_ Cash Money Order Visa MC Discover

**Please Choose:**  Bill Me  Automatic Withdrawal

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature for Card \_\_\_\_\_

- ♦ I recognize that my or my child's attendance and participation may expose him/her to risk of injury or harm. I accept this risk and agree that Todd Rosenlieb Dance and the TRDance Center and its staff will not be held responsible should such injury or harm occur.
- ♦ I understand that although payments may be divided throughout the semester, my child is registered for the full term and I am expected to pay for the entire semester.