

**North Shore Dance Studio** 6081 W. Mequon Rd. Mequon, WI 53092 **2011-2012 Registration Form**

Student's Name \_\_\_\_\_  
 Birthdate \_\_\_\_\_ Age \_\_\_\_\_  
 School \_\_\_\_\_ Grade \_\_\_\_\_

Class	Level	Day	Time	HRS/WEEK
<b>Total Hours/Week</b>				_____

**Semester I Tuition \$** \_\_\_\_\_

Tuition is based on total hours per week for a dancer or family per semester. (Sep-Jan & Jan-June) All students are automatically enrolled for Semester II.

COSTUMES	# of Costumes	Fee	Total
2.5 yrs-2nd Grade	X	\$65	
3rd Grade & Up	X	\$75	
Company	X	\$115	
Special (Company)	X	\$100	
Production (Company)	X	\$100	
Competition (Company)	X	\$100	
<b>TOTAL</b>			<b>\$</b> _____

Balance must be paid in full in order to receive costumes.

**RECITAL IS JUNE 15-17, 2012**

HRS/WEEK	TUITION
45 min	205
1	270
1 1/4	335
1 1/2	400
1 3/4	465
2	530
2 1/4	595
2 1/2	660
2 3/4	725
3	785
3 1/4	845
3 1/2	915
3 3/4	980
4	1040
4 1/4	1100
4 1/2	1160
4 3/4	1220
5	1280
5 1/4	1340
5 1/2	1400
5 3/4	1460
6	1520
6 1/4	1580
6 1/2	1640
6 3/4	1700
7	1760
7 1/4	1820
7 1/2	1880
7 3/4	1940

Parent \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/Zip \_\_\_\_\_  
 Parent Home Phone \_\_\_\_\_  
 Parent Cell \_\_\_\_\_  
 Student Cell \_\_\_\_\_  
 Parent E-Mail \_\_\_\_\_  
 Student E-Mail \_\_\_\_\_

I assume full liability for any loss of personal property or injury while on the dance studio premises. My child has no medical or physical condition which would cause participation in a class to be against his/her doctor's recommendation. I understand and will comply with the refund and payment policy. I understand that tuition (including deposit) is non-refundable and that registration is only finalized when the deposit and fully completed registration forms are received. No costume refunds will be given after December 31, 2011.

**Parent Signature** \_\_\_\_\_  
**Date** \_\_\_\_\_

**Total Amount Due at Registration**  
**\$** \_\_\_\_\_

Date	Method	\$Paid	\$Due

**Notes:**

PC    MAC    EM    BD    QB

262-242-4077