



Synergy Dance Academy, LLC
CLASS REGISTRATION FORM

Date: _____

North: _____ South: _____ Company: _____

Student's Name: _____ DOB: _____ Student's Cell Phone #: _____ Grade: _____

Billing Address: _____ City: _____ State: _____ Zip Code: _____

Mother's Name: _____ Home Phone #: _____

Work Phone #: _____ Cell Phone #: _____

Father's Name: _____ Home Phone #: _____

Work Phone #: _____ Cell Phone #: _____

Parent E-mail: _____ Student's E-mail: _____

School Currently Attending: _____ How did you hear about Synergy? _____

Please list any allergies and/or medical information: _____

Enter Classes Enrolling In: **NORTH LOCATION**

<u>MONDAY</u>	Hours	<u>TUESDAY</u>	Hours	<u>WEDNESDAY</u>	Hours
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
TOTAL DAILY HOURS	_____	TOTAL DAILY HOURS	_____	TOTAL DAILY HOURS	_____

<u>THURSDAY</u>	Hours	<u>CLASS TRIED</u>	<u>DATE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL DAILY HOURS	_____	_____	_____

Student Total Hours per Week @ NORTH loc:

Enter Classes Enrolling In: **SOUTH LOCATION**

<u>MONDAY</u>	Hours	<u>TUESDAY</u>	Hours	<u>WEDNESDAY</u>	Hours
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
TOTAL DAILY HOURS	_____	TOTAL DAILY HOURS	_____	TOTAL DAILY HOURS	_____

<u>THURSDAY</u>	Hours	<u>CLASS TRIED</u>	<u>DATE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL DAILY HOURS	_____	_____	_____

Student Total Hours per Week @ SOUTH loc:

FOR OFFICE USE ONLY

TUITION: \$ _____ Pro-Rated Amount: \$ _____
 Discount: \$ _____ 2nd Child / Military
 Registration Fee: \$ _____ \$25.00 1 Child / \$50-2 Children / \$65 3+ per Session
 TOTAL DUE: \$ _____
 AMT. PAID: \$ _____ Date Paid _____ Cash Check # _____ Charge
 BALANCE DUE: \$ _____

Total Student Hours per Week @ BOTH locations: _____