

Student Name _____ Age _____ Birth date _____
 Address _____ City _____ State _____ Zip _____
 email _____ (we will not sell or share your information to 3rd parties)

First year enrolled at Cricket's _____ (student since ____)

Dance Experience _____ # of years /each type of dance, teacher & school, including Cricket's

Contact Phone # _____ Person responsible for payment _____

Mother Name _____ Phone (H) _____ (Cell/Work) _____

Father Name _____ Phone (H) _____ (Cell/Work) _____

Emergency Contact _____ Relationship _____ Phone _____

By signing below, I state that I have read all of the policy statements in their entirety, and determine that I understand, agree with and completely support all policies, rules and regulations of Cricket's Performing Arts, and state that I am solely responsible for all payments due. I also agree to indemnify, and hold Cricket's, it's owners, employees, agents, and representatives free from any and all claims, damage or liability arising out of or resulting from the use and occupancy of the premises and including any event, authorized or sponsored by, Cricket's School For The Performing Arts, it's owners, employees, agents, or representatives. We give permission to Cricket's Performing Arts to use any photographs - video- film- audio or any recording device and likeness for any and all purposes

Signed by _____ Date _____

\$30 Non Refundable Registration Fee due at signing received _____ check #/cash _____
Season in-full by 8.20.09 Amount received _____ Date _____ check/cash _____
2 Payment Plan 2 payments of \$ _____ due on 9/1 and 2/1
10 Payment Plan 10 Payments Of \$ _____ Due 10th of Each Month
5% Discount If Paid By 1st of the Month = \$ _____
\$5.00 Late Fee per Week, Per Class after 10th of The Month
If enrollment is canceled after the 15th of the month a one month cancellation fee will be charged for each class

How Did You Hear About Us?

Flyer _____ Newspaper _____ Merchandiser _____ Other _____
 _____ Phonebook _____ referral _____ Name _____



Class Enrollment	Tuition	Costumes
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1 _____	DAY/TIME _____	\$ _____ \$ _____ costume cost \$ _____
2 _____	DAY/TIME _____	\$ _____ \$ _____ costume cost \$ _____
3 _____	DAY/TIME _____	\$ _____ \$ _____ costume cost \$ _____
4 _____	DAY/TIME _____	\$ _____ \$ _____ costume cost \$ _____
5 _____	DAY/TIME _____	\$ _____ \$ _____ costume cost \$ _____
6 _____	DAY/TIME _____	\$ _____ \$ _____ costume cost \$ _____
7 _____	DAY/TIME _____	\$ _____ \$ _____ costume cost \$ _____
8 _____	DAY/TIME _____	\$ _____ \$ _____ costume cost \$ _____

total by 1st \$ _____ by 10th \$ _____

Date	Cash/check or credit card auth #	Amount	Description

COSTUME PAYMENTS

Total Balance Due \$ _____

Deposit \$ _____ ck cash _____

Date _____

Credit applied \$ _____ ck/cash/FR _____
date _____

BAL Fwd _____

Credit applied \$ _____ ck/cash/FR _____
date _____

BAL Fwd _____

Notes:
