

Registration Form/Automatic Payment Consent Form

Student's First Name: _____ Student's Last Name: _____

Parent(s)/Guardian: _____

Phone number: (C) _____ (H) _____ (W/other C) _____

Address: (Street) _____ (City) _____ (Zip Code) _____

Birthdate: _____ Age: _____ School: _____ Grade: _____ Dance/Music Experience: _____

Email: _____ Emergency Contact: _____ Phone# _____

How did you hear about us: _____

Existing Medical Condition we should be aware of: _____

Class/Classes Registering For:

Class: _____ Day: _____ Time: _____ to _____

Class: _____ Day: _____ Time: _____ to _____

Class: _____ Day: _____ Time: _____ to _____

Class: _____ Day: _____ Time: _____ to _____

Class: _____ Day: _____ Time: _____ to _____

Class: _____ Day: _____ Time: _____ to _____

Class: _____ Day: _____ Time: _____ to _____

Class: _____ Day: _____ Time: _____ to _____

Method of Payment – Please check one of the two payment options, Annual or Automatic Monthly Payments.

Annual – Cash or check payment is due at time of registration or prior to August 31st to receive a 7% discount (please just sign below).

Automatic Monthly Payment – Payment is drawn out of your account automatically around the 5th of the month.

Use Account Info from Prior Year - skip *Financial* info section and just sign below.

New Account Info - please fill out *Financial* info and sign below.

Financial Institution: _____ *Checking Account* or *Savings Account* – **Please include voided check.**

Routing Number (bottom left): _____ *Account Number:* _____

Name on Account (please print): _____

I hereby authorize Prima School of Dancing Inc. to charge my account the amount of \$ _____ around the 5th day of each month starting (i.e. Sept.) _____ and ending (i.e. May) _____. All charges will appear as Prima School of Dancing. NSF accounts will be charged a \$15 processing fee. Incidental fees such as costume fees will be paid for separately.

I have read and understand Prima's policies and procedures listed on the back of this form and agree to abide by them. I agree to give Prima School of Dancing a one month written notice from the first day of the month to discontinue agreed to charges for classes.

Signature of Parent or Adult Student (required to guarantee placement): _____ Date: _____

Below For Prima Use Only

Total # of Classes _____ Annual: _____ Auto withdrawal: _____ Tuition _____

Prima School of Dancing
3401 Sturgis Road
Rapid City, SD 57702
(605) 348-8125
www.primadancing.com

+
Registration/Materials Fee: _____
Total Due: _____
Total Paid: _____
Check# _____