

Registration Form

Mail with Payment to: Gwendolyn Bye Dance Center • 3611 Lancaster Avenue • Philadelphia, PA 19104

Student's Name	Birth Date	Age	Sex
----------------	------------	-----	-----

Address	Home Phone (include area code)
---------	--------------------------------

City	State	Zip
------	-------	-----

Present School	Name & Address	Grade
----------------	----------------	-------

Parent/Guardian #1 Name	Home Phone	Work Phone	Cell Phone	E-Mail Address
-------------------------	------------	------------	------------	----------------

Parent/Guardian #2 Name	Home Phone	Work Phone	Cell Phone	E-Mail Address
-------------------------	------------	------------	------------	----------------

Alternate Emergency Name	Home Phone	Work Phone	Cell Phone
--------------------------	------------	------------	------------

This Application Must be Signed for Admission

I **do** **do not** give my child permission to go to convenience stores and/or restaurants to purchase food which are walking distance from the Gwendolyn Bye Dance Center. The Children will **not** be accompanied by school staff.

Please indicate how your child/children will go home from the Gwendolyn Bye Dance Center.

- travel on their own picked up by parent/guardian carpooling with another family

Additional Information: (medications, special instructions, etc.)

I hereby release the the Gwendolyn Bye Dance Center (GBDC), Dancefusion and fusion2 and its agents and employees, from all liability for personal injury, illness or property damage occurring on or off the GBDC premises, whether or not caused by negligence of the GBDC, its agents or employees. I hereby give permission for the GBDC, Dancefusion and fusion2 to take and/or publish my photograph(s), and to publish my name and biography in promotional media including (but not limited to) newspapers, press releases, and the GBDC public website. I also give permission for GBDC, Dancefusion and fusion2 to publish my information, including name, address, phone numbers & e-mail, in the school's phone directory.

How did you find out about the Gwendolyn Bye Dance Center? _____

I have received a copy of the Parent's Handbook (Please initial if you received it) _____

THERE ARE NO REFUNDS!

Parent/Guardian Signature	Date	Signature of person responsible for tuition if different
---------------------------	------	--

Name/s of anyone picking up your child other than Parent/Guardian

See Reverse Side to list Classes and Tuition→

My Child _____ age _____ wishes to register for the following class/classes.

Day	Class	Time
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Tuition Payment & Performance Fees

Total Number of dance classes taken per week _____ Fee: \$ _____
Children's Theater Fee: \$ _____
Deduct any discounts if applicable Minus: - \$ _____
Yearly Registration **Single \$35 / Family \$45** Fee: \$ 35.00 or \$45.00
Total Amount \$ _____

Performance Fees:

Theater Fee Fee: \$ _____
Recital Fee Fee: \$ _____

Recital Outfits: (Each dance class has a different recital outfit. Charges for additional recital outfits will be billed separately).
Fee: \$ _____

THERE ARE NO REFUNDS!

Office Use Only

Full Year Tuition: \$ _____ Yearly Registration Fee: \$ _____ Date: _____

Payment Plan:	Payment 1: \$ _____	Date: _____	Late Fee _____
	Payment 2: \$ _____	Date: _____	Late Fee _____
	Payment 3: \$ _____	Date: _____	Late Fee _____
	Payment 4: \$ _____	Date: _____	Late Fee _____
	Payment 5: \$ _____	Date: _____	Late Fee _____
	Payment 6: \$ _____	Date: _____	Late Fee _____
	Payment 7: \$ _____	Date: _____	Late Fee _____
	Payment 8: \$ _____	Date: _____	Late Fee _____
	Payment 9: \$ _____	Date: _____	Late Fee _____

Balance Due: _____