



2024/2025 Registration Form

Memorial Dance Center

9392 Gaylord Dr. Houston, TX 77024 - Info@memorialdance.com - 713-468-5700

Today's Date:

Day / Month / Year

(For office use only)

Grid for office use only

Student Information:

Full Last Name

Full First Name

Date of birth

Student's Email (optional Address: ages 14+)

Grade(as of Aug 2024: Student Age:

School:

Address where you live

Street Address

Town/City

State

Post Code

How did you hear about us?

Parents/ Other Informtion:

Mother's Name:

Cell #: Work #:

Mother's Email:

Father's Name:

Cell #: Work #:

Father's Email:

Other's Name: Relationship to Student:

Cell #: Work #:

Other's Email:

Registration Fee: \$ Monthly Tuition: \$

Registration fees & August tuition are nonrefundable. Class options are listed below. Specific days and times are listed on our website.

- Creative Movement (2 1/2 Year Olds)
- Ballet/Tap Combo (ages 3-5)
- Ballet /Tap/Jazz Combo (Kindergarten)
- 1st, 2nd & 3rd grade (Ballet, Tap, Jazz and/or Hip-Hop)
- 4th grade & older (Ballet, Tap, Jazz, Hip-Hop and /or Contemporary)
- Drill Team
- Company

List requested class(es) below.

Dance Subject:	Day:	Time:

FOR OFFICE USE ONLY:

☐ Credit Card

Name on Card:

Card Type:

☐ VISA ☐ DISCOVER ☐ MasterCard

Amount: \$

Receipt #: Initial

☐ Cash

Amount: \$

Receipt #:

☐ Check

Check #:

Amount: \$

Check Name:



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2024/2025 Enrollment Agreement

Student's Name: _____

Name of Parent/

Legal Guardian: _____

I, the undersigned parent or legal guardian of the above listed student, understand that my signature on this document constitutes acceptance of the following conditions of my child's enrollment at Memorial Dance Center.

DISCOUNT POLICY

The listed student's regular monthly tuition rate is \$_____ per month. If I pay the tuition in full BEFORE, not on, the first day of the month for which tuition is due AND my account shows a zero balance, I am entitled to the discounted rate of \$_____. Furthermore, I understand that if my account shows a balance due on the first day of any month, I am NOT entitled to a discounted for that month for any reason. If my credit card is denied for any reason, I have 10 days to pay the balance in order to still receive the discounted rate.

TERMINATION OF ENROLLMENT

I understand that if I wish to terminate the above listed student's enrollment at Memorial Dance Center, I must sign a "Termination of Enrollment" form and return it to the Memorial Dance Center office by the 25th of the month. I acknowledge that tuition is based on enrollment and not on attendance. My tuition liability ceases effective the first day of the month following receipt of the signed "Termination of Enrollment" form by the Memorial Dance Center office. In addition, my child's enrollment can be terminated by Memorial Dance Center if my child misses 4 (four) consecutive classes without prior notice to the office or if tuition is over 15 days late. I will be responsible for any and all tuition up to the date my child's enrollment is terminated.

PHOTO RELEASE

I, [parent's name, please print]_____, give Memorial Dance Center the absolute right and permission to use my _____ son's _____ daughter's photograph(s) in its promotional materials and publicity efforts. I understand that the photograph(s) may be used in a publication, print ad, direct-mail piece, electronic media (e.g. video, CD-ROM, Internet, World Wide Web, Social Media), or other forms of promotion. I release Memorial Dance Center, the photographer, their offices, employees, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use. Additionally, I will make no monetary or other claim against Memorial Dance Center for the use of the photograph(s)/video.

AUTHORIZATION OF EMERGENCY MEDICAL CARE

I hereby authorize the staff and director, representing Memorial Dance Center, to give consent for any and all necessary emergency medical care for my child, _____, while said child is in the custody of Memorial Dance Center personnel. I also hold Memorial Dance Center or any other Memorial Dance Center personnel harmless in such an event. Please include any pertinent medical conditions (physical, mental and/or emotional), as well as any learning differences, in the field below.

Signature of Parent or Legal Guardian

Date

**MEMORIAL DANCE CENTER
CREDIT CARD AUTHORIZATION FORM**

Student Name: _____

Family Number: _____

CARDHOLDER INFORMATION

Name: _____

Billing Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Applies to any and all dance related charges to your account for the 2024-2025 dance year.

CREDIT CARD INFORMATION

Credit Card Type: ☐ MasterCard ☐ Visa ☐ Discover Card

Type: ☐ Debit ☐ Credit

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

I, the above-named authorized cardholder, give Memorial Dance Center and its representatives express authorization to charge my credit card for the Authorized Charges indicated above. I understand that this form constitutes a legally binding contract and that by affixing my signature to this form, I will be held responsible for all Authorized Charges as well as any and all collection and legal fees. By signing this Credit Card Authorization form, I acknowledge receipt and understanding of its contents.

Cardholder Signature X _____ Date ____/____/____