



2025 REGISTRATION FORM

Memorial Dance Center  
9392 Gaylord Drive Houston, TX 77024  
info@memoriamdance.com  
713-468-5700

Today's Date: \_\_\_\_\_ Student # (office use only) \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Age: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade (as of Aug): \_\_\_\_\_ School: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Other's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Student's email (ages 14+): \_\_\_\_\_

Registration Fee: \$ \_\_\_\_\_ Monthly Tuition: \$ \_\_\_\_\_

*Registration fees & August tuition are non-refundable.*

*Class options are listed below. Specific days and times are listed on our website.*

- Creative Movement (2 ½ Year Olds)
- 4<sup>th</sup> Grade & Older (Ballet, Contemporary, Hip-Hop, Jazz and/or Tap)
- Preschool (Ballet/Tap Combo)
- Drill Team (7<sup>th</sup> Grade & Older)
- Kindergarten (Ballet/Jazz/Tap Combo)
- Adult (Ballet & Tap)
- 1<sup>st</sup>, 2<sup>nd</sup>, & 3<sup>rd</sup> Grade (Ballet, Hip-Hop, Jazz and/or Tap)
- COMPANY024 Auditions

LIST REQUESTED CLASS(ES) BELOW.

Dance Subject	Day	Time
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

For office use only:

Cash \$ \_\_\_\_\_ Receipt # \_\_\_\_\_ Check \$ \_\_\_\_\_ Check # \_\_\_\_\_ Check Name: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Amount \$ \_\_\_\_\_ Receipt # \_\_\_\_\_ Initial: \_\_\_\_\_



**ENROLLMENT AGREEMENT**

Student's Name: \_\_\_\_\_

Name of Parent/Legal Guardian: \_\_\_\_\_

**DISCOUNT POLICY**

The above 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 discount for that month for any reason. Payments made AFTER the 10<sup>th</sup> will incur a late fee of \$15, and a \$35 fee will be applied to all returned checks.

**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. I acknowledge 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 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 child'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, Internet, Social Media), or other form 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:

\_\_\_\_\_

*I, the undersigned parent or legal guardian of the above listed student, understand that my signature on this document constitutes acceptance of the conditions of my child's enrollment at Memorial Dance Center. I understand the studio Policies & Procedures, as well as monthly newsletters, will be sent to the email(s) provided on the Registration Form.*

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent or Legal Guardian

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 2025-2026 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 \_\_/\_\_/\_\_