

PAYMENT APPLICATION- DANCE CONSERVATORY OF MD

ALL STUDENTS, new and returning, must complete a registration form in full before taking classes.

PLEASE CHOOSE ONE FORM OF PAYMENT

Please complete separate form for each student

TUITION

Hours of Instruction/Week	Cost Per Session	Monthly Credit Card
9.00+ (unlimited hours/ week)	\$995	\$332/ month
8.75 hours/ week	\$968	\$323/ month
8.50 hours/ week	\$941	\$314/ month
8.25 hours/ week	\$914	\$305/ month
8.00 hours/ week	\$911	\$304/ month
7.75 hours/week	\$884	\$295/ month
7.50 hours/week	\$857	\$286/ month
7.25 hours/week	\$830	\$277/ month
7.00 hours/week	\$800	\$267/ month
6.75 hours/week	\$773	\$258/ month
6.50 hours/week	\$743	\$248/ month
6.25 hours/week	\$716	\$239/ month
6.00 hours/week	\$689	\$230/ month
5.75 hours/week	\$659	\$220/ month
5.50 hours/week	\$632	\$211/ month
5.25 hours/week	\$602	\$201/ month
5.00 hours/week	\$575	\$192/ month
4.75 hours/ week	\$548	\$183/ month
4.50 hours/ week	\$518	\$173/ month
4.25 hours/ week	\$491	\$164/ month
4.00 hours/ week	\$461	\$154/ month
3.75 hours/ week	\$434	\$145/ month
3.50 hours/ week	\$407	\$136/ month
3.25 hours/ week	\$398	\$133/ month
3.00 hours/ week	\$386	\$129/ month
2.75 hours/ week	\$371	\$124/ month
2.50 hours/ week	\$356	\$119/ month
2.25 hours/ week	\$342	\$114/ month
2.00 hours/ week	\$317	\$106/ month
1.75 hours/ week	\$282	
1.50 hours/ week	\$246	
1.25 hours/ week	\$209	
1.00 hours/ week	\$165	
0.75 hours/ week	\$146	

Performance Classes: \$75 each/session beginning January 2

Total Hours per Week: _____ Session Cost: \$ _____

Registration Fee: \$30/student/year if before 12/5
\$45/student/year if after 12/5 (\$60/family max)

Total Perf Classes: _____ Performance Class Fee: \$75/class

Sibling Discount: 10% off if applicable

Full Year Discout: 5% off if registering for full year. Payment due either in full or by monthly credit card installments.

Total: \$ _____

ALL students are required to have credit card on file, regardless of payment type. Please complete below.

_____ PAYMENT IN FULL BY CHECK - Amount must be for full session tuition including registration fee (when applicable). Full payment is due with registration form by the first class of a session for student to attend. Checks made payable to Dance Conservatory of MD.
Office Use Only: Check #: _____

_____ PAYMENT IN FULL BY CREDIT CARD - Amount must be for full session tuition including registration fee (when applicable). Full payment is due with registration form by the first class of a session for student to attend.
Office Use Only: Confirmation #: _____

_____ MONTHLY PAYMENT BY CREDIT CARD - **Balances over \$300 ONLY** will be divided into three equal installments. First payment is due with registration form and fee (when applicable) by the first class of a session for student to attend. Each additional installment will be automatically charged to the credit card on file the following two months. Checks are NOT accepted for this option.
Office Use Only: Monthly Tuition Installment: \$ _____ ARB Date/ID: _____

I agree to pay/authorize DCM to charge my credit card for the full tuition amount. I understand that adding/dropping classes between sessions will affect my tuition total. Failure to submit payment will result in the loss of my child or me to participate in or attend all classes and performances until all fees are paid in full. **A \$15 late fee per week will be assessed for payments made after the due dates.** I agree to submit a letter of withdrawal prior to the start of a new session should I choose to withdraw from the program or I will be responsible for tuition payments and late fees which will be charged to my credit card. All fees/payments are nonrefundable after first class of a session (registration fee is non refundable upon receipt) regardless of whether or not participant is attending classes due to illness or injury.

Circle One: **Visa** **MasterCard** **American Express**

Name on Card: _____ Signature: _____

REVERSE SIDE MUST BE COMPLETED

Card Number: _____ Exp: _____

Class Recommendations

Session:

Name:

Class Recommendation:

REGISTRATION FORM- DANCE CONSERVATORY OF MD

ALL STUDENTS, new and returning, must complete a registration form in full before taking classes.

Office Use Only: Fall Winter Spring Summer Check Credit Scholarship Date Received:

Please complete separate form for each student and return to: Dance Conservatory of Maryland

701 Whitaker Mill Rd. Joppa, MD 21085 410-877-3281 danceconservatoryofmd@comcast.net

Student's Name: _____ Age: _____ DOB: _____

Parent/Gaurdian Names: _____

Address: _____ City/ State: _____ Zip: _____

Dance Experience: _____ Academic School: _____

Home Phone: _____ Cell: _____ Other: _____

Email (Required): _____

How did you hear about Dance Conservatory of MD: _____

Class

Day and Time

Length of Class

<u>Class</u>	<u>Day and Time</u>	<u>Length of Class</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Allergies/Medical Conditions of which DCM should be aware: _____

Health - Participant warrants and represents that he/she has no disability, impairment or ailment preventing him/her from engaging in active or passive exercise of that will be detrimental or inimical to his her health, safety or physical condition if he/ she does so engage or participate. This representation is made by Participant knowing that DCM will rely upon same in respect to the registration of Participant. In the event that the participant is unable to decide medical attention or participant's parents/guardian cannot be reached, parents/guardian give permission to DCM to authorize any medical care that may be required by the participant. Parent/guardian assumes responsibility for all charges as a result of such medical treatment.

Rules and Regulations - Participant hereunder is bound and shall comply with the rules and regulations, policies and procedures of DCM (see school handbook). Failure to comply may result in dismissal from the Dance Conservatory of Maryland. No refunds will be given and participant is responsible for tuition for an incomplete session.

Photography Release - Participant is allowing DCM the taking, review or use of their photograph for possible or actual inclusion in materials including but not limited to marketing, advertising (including on the Internet) and videography without consent from, notice to or compensation for the participant including after the participants discontinuance of dancing/participation at DCM. Participant consents to and authorizes, the copyrighting, reproduction and publication by The Dance Conservatory of Maryland or its agents or other professionals hired by DCM, with respect to videotapes or photographs that have been or may be taken of the participant, in whole or in part or, composite with other videotapes or photographs.

Participant Signature (Parent/Guardian if under 18): _____ Date: _____

PAYMENT APPLICATION ON REVERSE SIDE MUST BE COMPLETED