CLASS REGISTRATION 2025-2026

Student Name _____

Date of Birth _____ /_____ / _____ Age _____ Gender _____ He / She / They

Parent / Guardian Name(s) _____

Address _____

City _____ State _____ Zip _____

Email(s) _____ Phone(s) _____

Please enroll my student in the following classes:

Name _____ Day of Week _____ Time _____

Name _____ Day of Week _____ Time _____

Name _____ Day of Week _____ Time _____

Name _____ Day of Week _____ Time _____

Name _____ Day of Week _____ Time _____

Name _____ Day of Week _____ Time _____

Name _____ Day of Week _____ Time _____

_____ I authorize automatic credit card payments for tuition and merchandise.

_____ I understand my credit card information will be securely saved to my personal online Dance Gallery account.

Visa / MC / Other _____

___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Expiration date: _____ / _____ Security code: ___ ___ ____

Annual Registration Fee	$ 30.00
Trimester Tuition	$_____
Monthly Tuition	$_____
Annual Tuition	$_____
Total payment due:	$_____

What would you like us to know about your child? Are there any medical conditions of which we should be aware?

_____

_____

Parent Signature_____ **Date** _____