

**ROYAL DANCE ACADEMY
LAMDA ENROLLMENT FORM**

Student Name: _____ **D.O.B.** _____ **Age:** _____

Address: _____

Parent Name: _____ **Tel:** _____

email: _____ **Cell:** _____

I would like to sign up for LAMDA classes.

<u>Class</u>	<u>Day</u>	<u>Time</u>	<u>Studio</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I understand that the monthly amount of \$90 will be deducted from my account.

Signature: _____ **Date:** _____

I authorize Royal Dance Academy to publish in any format and use for any purposes the name, affiliation, and photographs, video footage, and audio recording taken of students for advertising and promotions, I understand and agree with the policies of Francine Garton Royal Dance academy. I understand that the monthly tuition is due the 1st of each month. A \$15 fee will be applied if cards are declined for any reason. A \$25 fee will be applied to returned checks. There are no reduced rates for illness or vacation. Students taken out for the month of December or any month will be assessed a re-registration fee plus placement in class will not be guaranteed. To discontinue any lesson or to withdraw from the school, 30 days' notice from the 1st of the month must be given. Notice is only acceptable by completing a RDA withdrawal form. I understand that I will be responsible for paying tuition for four weeks after the notification is made. By signing this agreement I agree to hold harmless the Francine Garton Royal Dance Academy for any damages or liabilities arising out of or in connection with my child's enrollment.

Signature: _____ **Date:** _____