Fall 2023 Registration Form



For TPA use only:

Name	Age	Date of Bi	rth		J	
School Grade						
How did you hear about us? Friend (friend's name) Website News	spaper Facebook	Other				
Previous Dance Experience- Styles						
Location&Length of Time						
Parent/Guardian Name(s)			_			
MailingAddress	_ City				State	Zip
Phone: Home () Mom's Cell ()		Dad's (Cell ()		
Email	_					
Emergency Contact Relationship to student		Ce	ll Phone (_		_)	
Please advise us of any medical conditions that may affect the student's participation						
Parental I	Release					
 I understand that Turning Pointe reserves the right to refuse instruction to anyone not abiding by our policies. I understand that Turning Pointe reserves the right to cancel a class if enrollment falls below four students per class. I understand that Turning Pointe is not responsible for lost, stolen or damaged items. I understand that participation in a dance program involves risk and possible injury. I understand that Turning Pointe and its staff will not be responsible for injuries sustained in class or while performing. I authorize the academy to secure any emergency medical treatment my child might need. I understand that classes, performances and activities may be videotaped and used for archival and/or promotional purposes. I allow the academy to use my (or my child's) name or photographic likeness in all forms of media advertising or any other lawful purpose. Parent/Guardian Signature						
Tuition and Registration Fees						
 Tuition for one class per student is \$230 for the 16-week session. Each additional class per student is \$200 for the 16-week session. A \$115/class deposit is due at the time of registration with full balances due by Monday, October 16, 2023. There is a one-time \$10 new student fee for each recreational student registering for the first time as a Turning Pointe student. Tuition reimbursements will not be granted after the start of the session unless a class is canceled by Turning Pointe Academy. Class Selections						
Class Title	Day		Т	ime		
						Tuition due:
					N	ew Student Fee:
					To	otal amount due:

Credit Card

Check# _____

Total Payment Received: \$_____ Date Received: ____ Cash