

# Jillian's

## SCHOOL OF DANCE

(719) 499-3225

### 20011-12 STUDENT REGISTRATION

(Classes are filled as registrations are received)

(First Month Tuition and \$25.00 Registration Fee (or EFT) is required to secure Any Class Placement!)

\_\_\_\_\_  
Students Name

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Street Address and City

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Hm Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
E-Mail (Work or Home) – **Important !**

\_\_\_\_\_  
Birthday (Important)

\_\_\_\_\_  
Years Dance Experience

Class #1	Day/Time	Class #2	Day/Time	Class #3	Day/Time
_____	_____	_____	_____	_____	_____

#### Additional Family Member You Are Registering.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Class

\_\_\_\_\_  
Day/Time

#### How Did You Hear About the Studio?

Previously Enrolled \_\_\_ Other Student \_\_\_ Yellow Pages \_\_\_ Drove By \_\_\_ Website \_\_\_

Jillian's School Of Dance does not carry Medical Insurance for its students. It is required that any students participating in the dance studio have Medical Insurance coverage under his/her legal guardians own policy. It is understood students or those entering the studio are entering at your own risk and your own Health Insurance coverage is your only source of reimbursement.

(I have read and accept all studio rules).

\_\_\_\_\_  
Parent or Guardian (Signature)

\_\_\_\_\_  
Date

**\_\_\_ Yes, I have attached the Checking/Savings EFT Form in place of the annual \$25.00 Registration Fee.**

**Jillian's School of Dance**  
**Electronic Payment (EFT) Registration Form**  
**(Checking or Savings Account Only)**

I hereby authorize Jillian's School of Dance to debit my designated Checking or Savings Account at the financial institution listed below on the 4th day of each month for my appropriate monthly Dance Tuition and recital/costume charges on dates specified in the registration agreement.

Students First and Last Name \_\_\_\_\_  
(Please Print)

Guardians First and Last Name \_\_\_\_\_  
(Please Print)

Your Signature \_\_\_\_\_

Date \_\_\_\_\_

**Banking Information** (Checking or Savings account)

Bank Name \_\_\_\_\_ Account #. \_\_\_\_\_

Routing # (nine left digits on the bottom of your check):  
\_\_\_\_\_

Name of Account Holder \_\_\_\_\_  
(As It Appears on Checking or Savings Account)

**(Must attach with a voided check (No Deposit Slips) to your registration form).**

**\*\*\*\*Please note. Due to occasional delays in bank processing (weekends, holidays, etc...)  
Electronic monthly withdrawals may take up to seven 7 days to process. It is your  
responsibility to leave these funds in you account for deduction.**