



REGISTRATION FORM 2020-2021

15933 Manchester Rd • Ellisville, Mo. 63011 • Phone: 636-394-0023

email: danceincorporated@att.net website: dance-inc.com facebook: Dance Inc instagram: [dance_incorporated](https://www.instagram.com/dance_incorporated)

REGISTRATION accepted at the front desk, by phone, mail or online at www.dance-inc.com Date _____

Returning Student
 New Student: how did you hear about us? _____ referred by: _____

Student's Last Name _____ First Name _____ Birthday Mo/Day/Yr _____

Parent's Name _____ Phone _____ Cell Phone _____

Address _____ City _____ State _____ Zip _____ **EMAIL - VERY IMPORTANT**
All information pertinent to students is sent via email

Class No.	Subject	Day	Time	Length of Class
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TOTAL HOURS PER WEEK _____

SELECT FUTURE MONTHLY PAYMENT METHOD

CHECKING ACCOUNT
REOCCURRING PAYMENT

Reoccurring tuition payments made using the "bill pay" feature of your bank's online banking. Your bank will send us a check so that we can properly credit your account. Do not arrange for direct transfer of your tuition from your bank to our bank, or other person to person payment options - your account will not be properly credited. Use the following information to set up the online bill pay:

Dance Incorporated Account # 2370000066
15933 Manchester Rd.
Ellisville, MO 63011-2101
Phone 636-394-0023

CREDIT CARD
AUTOMATIC PAYMENT

Tuition payments are automatically charged within the first week of every month

3% MONTHLY FEE WILL BE ADDED TO THESE TRANSACTIONS

BI-ANNUAL PAYMENT
Tuition payments are made via cash, check or credit card twice per season. Payments are due September and January
3% processing fee applies for credit card payments

REGISTRATION FEE & ONE MONTH'S TUITION MUST BE INCLUDED REFER TO HOURLY TUITION TABLE ON BACK

Tuition \$ _____
Registration Fee (Non-refundable) \$40 \$ _____
Reg. Fee per add'l family member \$25 \$ _____
TOTAL ENCLOSED \$ _____

CREDIT CARD AUTOMATIC PAYMENT INFORMATION

Visa Mastercard Discover

Credit Card Number _____

Exp. Date _____ CVW# _____

Address _____

City _____ State _____ Zip _____