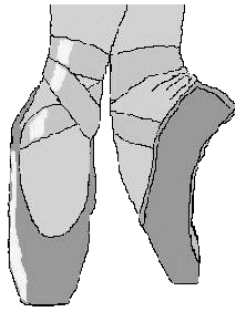


# The Dance Academy



**AT THE  
CHILDREN'S SCHOOL**

**LORNA DIAMOND, DIRECTOR**

**2225 Torrey Pines Lane  
La Jolla, CA 92037  
(858) 458-1783/(858) 454-0184  
[danceacademy@san.rr.com](mailto:danceacademy@san.rr.com)  
[www.tcslj.org](http://www.tcslj.org)**

## Student Registration Information

Tuition and Fees are non-refundable.

- There is an annual registration fee of \$25 payable with the first month's tuition for all students not enrolled at The Children's School.
- Registration is valid from September to June - you do not need to re-register each quarter.
- Tuition payments are made on a monthly basis and may be made by cash, check or credit card (Visa, MasterCard, or American Express)
- **All checks to be made payable to The Children's School.**
- There will be a \$25 charge for all payments that do not clear the bank.
- Tuition will not be less for a 3 week month, just as it will not be more for a 5 week month, classes per month are not counted or pro-rated.

*By signing this agreement, I agree to hold harmless The Dance Academy and The Children's School for any damages or liabilities arising out of or in connection with my student's enrollment at The Dance Academy.*

Parent Signature \_\_\_\_\_

Student's Name:	Birthdate:	Age:
Address:		
City:	State:	Zip:
Home Phone:	E-Mail:	
Academic school of attendance:	Current Grade:	
Person responsible for tuition:		
Mother / Guardian Name:	Cell Phone:	
Father / Guardian Name:	Cell Phone:	
Emergency Contact (other than guardian):	Phone:	

### Monthly Tuition Schedule

Annual Registration Fee \$25  
for all non-Children's School students

Classes Per Week	Tuition
1	\$72
2	\$136
3	\$192
4	\$240
5	\$280
Unlimited (per student)	\$315
Adult Card (8 classes)	\$120
Single Class	\$20
Beginning Pointe	\$40

### Enrollment Information:

Class Name:	Day of Week:	Time:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

# The Dance Academy at The Children's School

To pay your tuition by credit card, please fill out the form below.

Please let us know immediately when there are any changes in your credit card information.

## Credit Card Authorization

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Date

I authorize The Children's School to debit my credit card for Dance Academy classes and for the annual Registration fee (for non TCS students). I will notify the school of any changes to my credit card. This authorization shall remain in effect until The Children's School receives notification of cancellation.

Credit Card Type:     Visa     MasterCard     American Express     Discover

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Auth Code

\_\_\_\_\_  
Name as it appears on the card (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Billing Address

\_\_\_\_\_  
City, State, Zip