



**Dance & Music Studios**

7373 McWhorter Place  
ANNANDALE, VA 22003  
Tel: 703-642-1711  
Fax: 703-642-1713  
info@dreamincolorstudios.org

**I. STUDENT INFORMATION:**

Registration Date \_\_\_\_\_

School Year: \_\_\_\_\_

Home Phone \_\_\_\_\_

Student Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Gender       Male    Female      Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_

School Attending \_\_\_\_\_

Adult Student Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother Name \_\_\_\_\_

Mother Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father Name \_\_\_\_\_

Father Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relation \_\_\_\_\_

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

Medical Concerns \_\_\_\_\_

How did you hear about us? \_\_\_\_\_



**II. CLASS REGISTRATION:**

When filing out the table below, please refer to the Schedules:

Registering for  Dance  Music

Class name	Day of the week	Time of the Day	Instructor (last name)	No. of Classes	1 <sup>st</sup> day Of Class	Total Tuition	Monthly Installment	Recital Fee
Subtotal								
Registration Fee (\$30 new, \$10 additional family members)								n/a
Deposit (First Month's Tuition in Advance)						n/a		n/a
Current Month's Remaining Tuition (for mid-semester registrations only)						n/a		n/a
Discount (see Tuition & Fees)								
Recital Fees \$30 (Free if you refer a friend) Subtotal (from above)								
TOTAL at registration								

**Two-Payment Plan Calculation:** (insert values from above in the equation below)

**Payment 1:** (TOTAL DUE to receive discounted rate)

**Payment 2:** Registration + Monthly Payment (if committed to the 36 wk session)

**Payment 3:** Registration + Monthly Payment + \$10/month (if enrolled on a month to month basis)

**III. PAYMENT PLAN:**

Please choose one:

- Full payment \$ \_\_\_\_\_ due date \_\_\_\_\_
- 10-Installments 1. \$ \_\_\_\_\_ due date \_\_\_\_\_  
thereafter \$ \_\_\_\_\_ due date \_\_\_\_\_
- Month-to-Month plan  
1. \$ \_\_\_\_\_ due date \_\_\_\_\_  
thereafter \$ \_\_\_\_\_ + \$10 due date \_\_\_\_\_  
(due first day of each month)
- Auto Charge Signature \_\_\_\_\_

**IV. PAYMENT METHOD:**

Please choose one:

- Check # \_\_\_\_\_  
(payable to "DICF")
- Cash \_\_\_\_\_
- Credit Card MC / Visa  
Card # \_\_\_\_\_  
Exp. Date \_\_\_\_\_ CV code \_\_\_\_\_
- Signature \_\_\_\_\_

**Signature required:** I understand and agree to the regulations, and the financial obligations associated with this registration. I understand that there are no refunds, however a class can be transferred if space is available. I accept complete responsibility for all charges and fees that may occur, including \$10 late payment fee after the 3<sup>rd</sup> day of each month, for installment payment plans.

Signature (parent/guardian or adult student)

Name (print)

Date

Complete the form and fax, mail or drop off to:  
**Dream in Color Studios**  
 7373 McWhorter Place, Annandale, VA 22003  
 Fax 703-642-1713

**For office use only.**  
 Registered by \_\_\_\_\_  
 Checked by \_\_\_\_\_