



OFFICE USE ONLY

Date Received \_\_\_\_\_

Account Created \_\_\_\_\_

**REGISTRATION / ENROLLMENT FORM**

Please print and complete the registration form completely. In order to register your child for classes, we must receive a completed registration form and a non-refundable registration fee.

How did you hear about the DSPAC?

\_\_\_ Friend \_\_\_ Web \_\_\_ Radio \_\_\_ Newspaper \_\_\_ TV \_\_\_ Other (explain) \_\_\_\_\_

**STUDENT INFORMATION**

Please complete a separate registration form for each member of the family. Please note the registration fee for persons' enrolling as single verses sibling.

\_\_\_\_\_  
**First Name**

\_\_\_\_\_  
**Last Name**

\_\_\_\_\_  
**School**

\_\_\_\_\_  
**Grade**

\_\_\_\_\_  
**Age**

\_\_\_\_\_  
**Date of Birth:** \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_  
**Student Home #**

\_\_\_\_\_  
**Student Cell #**

**Gender:**  female  male **Level:**  beginner  intermediate  advanced

**Years of Experience:** \_\_\_\_\_

**Ethnicity:**  African-American/Black  Caucasian  Native American

Asian  Hispanic  Other: \_\_\_\_\_

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Apt #**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip code**



**PARENT / GUARDIAN INFORMATION**

**#1 Primary Contact**

_____		_____	
<b>Parent/Guardian Name</b>		<b>Relationship</b>	
_____		_____	
<b>Address</b>		<b>Apt #</b>	
_____		_____	
<b>City</b>	<b>State</b>	<b>Zip code</b>	
_____		_____	
<b>Home #</b>		<b>Cell #</b>	

**#2 Parent/Guardian**

_____		_____	
<b>Parent/Guardian Name</b>		<b>Relationship</b>	
_____		_____	
<b>Address</b>		<b>Apt #</b>	
_____		_____	
<b>City</b>	<b>State</b>	<b>Zip code</b>	
_____		_____	
<b>Home #</b>		<b>Cell #</b>	

**EMERGENCY CONTACT**

_____		_____	
<b>Parent/Guardian Name</b>		<b>Relationship</b>	



**CLASS OFFERINGS** (please select at least one class)

**Ages 3-6 - Weekday**

- Fall & Spring Little Dancer Weekday Program (Ages 3-4) 1-hour Program**
- Fall & Spring Little Dancer Weekday Program (Ages 5-6) 1-hour Program**

**Ages 7-11 - Weekday**

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Ballet Level I &amp; 2 (Ages 7-11)</b> | <input type="checkbox"/> <b>African (Ages 7-11)</b> |
| <input type="checkbox"/> <b>Beginner Ballet (Ages 7-11)</b>        | <input type="checkbox"/> <b>Tap (Ages 7-11)</b>     |
| <input type="checkbox"/> <b>Modern Level 1 (Ages 7-11)</b>         | <input type="checkbox"/> <b>Hip-Hop (Ages 7-11)</b> |
| <input type="checkbox"/> <b>Modern Level 2 (Ages 7-11)</b>         |   |

**Ages 12-18 - Weekday**

- Ballet Level I & 2 (Ages 12-18)**
- Beginner Ballet (Ages 12-18)**
- African (Ages 12-18)**
- Modern Level 2 (Ages 12-18)**
- Modern Level 1 (Ages 12-18)**

**SATURDAYS ONLY – Ages 3-18**

- Fall & Spring Little Dancer Saturday Program (Ages 3-4) – 2-hour**
- Fall & Spring Little Dancer Saturday Program (Ages 3-4) – 1-hour**
- Fall & Spring Little Dancer Saturday Program (Ages 5-6) – 2-hour**
- Fall & Spring Saturday ONLY Program Level 1 - (Ages 7-11)**
- Fall & Spring Saturday ONLY Program Level 2 - (Ages 7-11)**
- Fall & Spring Saturday ONLY Program - (Ages 12-18)**



**TUITION INFORMATION**

FEES: A non-refundable, Registration Fee of \$85 is due before enrolling for classes. A Sibling Registration Fee of \$75 is required for each additional child.

We do not accept personal checks. Certified Checks or Money Orders made out to **“The Dwana Smallwood Performing Arts Center”** are accepted, if paying in-person.

**Payment Method**

Please select a preferred method of payment below.

TOTAL AMOUNT DUE: \_\_\_\_\_ DEPOSIT \_\_\_\_\_ BALANCE \_\_\_\_\_

- PAY IN FULL  PAYMENT PLAN  PAID ONLINE
- Cash (in person only)  Visa  MasterCard  American Express  Discover  Money Order
- I authorize the credit/debit card entered below to be charged in the amount of \$ \_\_\_\_\_

Person Responsible for Tuition	Relationship to Student
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<b>Card #</b>	<b>Expiration Date</b>	<b>Security Code</b>
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<b>Billing Address</b>	<b>Apt #</b>
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<b>City</b>	<b>State</b>	<b>Zip code</b>
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<b>Cardholder Signature</b>	<b>Date</b>
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I have read and accept the payment details outlined above. I understand that regardless of whether my child withdraws from DSPAC for any reason during the semester I am responsible for payment of full tuition and fees. My signature acknowledges approval of these terms.



## Pick-up Authorization Form

To better ensure the safety of your child, we are asking that all parent/guardians fill out this Pick-Up Authorization Form. Please complete the form at the bottom of this page and return it along with your registration form. If this form is not thorough and complete, we the **Dwana Smallwood Performing Arts Center** will not release your child to anyone who you have not included on this Pick-up Authorization Form. All of the precautions for releasing students are to insure the safety of your child and are not meant to cause intentional inconvenience for parents. We very much appreciate your understanding and cooperation with our policies regarding student pick-up.

If the pick-up person is someone not on your list, we will require a written note be sent to our receptionist before the end of your child's class with your signature authorizing the non-listed person to pick up. A follow up phone call will be made to parents confirming the written authorization.

We cannot accept phone call pick-up changes if it will be someone not on your authorized list. You will be notified immediately if someone **NOT** on your list comes to pick up your child and we have not received a written note with your authorization.

Photo I.D. is required for all individuals picking up a child. Please notify the people on your list that photo I.D. will be requested by the instructor or receptionist prior to releasing your child. This also applies to anyone you authorize in a written note to pick up your child.

If a spouse or child of a person listed below comes in to pick up your child, we **WILL NOT** release the child to that person. Your child will only be released to the persons named on your list and only after verifying the person with their picture I.D.

We know that emergencies and unusual situations happen, however we ask that you please try to restrict the people who pick up your child to the ones on the Pick-up Authorization Form.

If changes need to be made to this list during the course of the school year, please visit the receptionist to complete a new form.

**Student Name:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_



I authorize the persons listed below to pick up my child from the **Dwana Smallwood Performing Arts Center**.

Please include names of **both parents** or **guardians** on this list.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

By signing below, I verify that I have read and agree to the Student Pick-up policies described on the Pick-up Authorization Form, and authorize the **Dwana Smallwood Performing Arts Center** to release my child to the above listed persons.

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

Date: \_\_\_\_\_