

**Michelle's Studio of Dance, Inc.**  
602 Oak Street East Bridgewater MA, 02333  
(508) 690-1350

**Registration 2024/2025**

Reg. Date \_\_\_\_\_  
Payment \_\_\_\_\_  
Confirmation Email \_\_\_\_\_

**Student Information**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Grade (As of September) \_\_\_\_\_ Birthday \_\_\_\_\_ Years of Dance \_\_\_\_\_

**Parent/Guardian Information**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ MA Zip \_\_\_\_\_

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

Email \_\_\_\_\_

**Check off all the classes in which you wish to enroll:**

- |                                            |                                       |                                                   |                                         |
|--------------------------------------------|---------------------------------------|---------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> 6WK Tiny Feet     | <input type="checkbox"/> Ballet       | <input type="checkbox"/> Jr./Sr. Classical Ballet | <input type="checkbox"/> Hip Hop        |
| <input type="checkbox"/> Creative Movement | <input type="checkbox"/> Tap          | <input type="checkbox"/> Pre-Pointe               | <input type="checkbox"/> Dance Company  |
| <input type="checkbox"/> Pre-School        | <input type="checkbox"/> Jazz         | <input type="checkbox"/> Pointe                   | <input type="checkbox"/> Dance Ensemble |
| <input type="checkbox"/> Kinder Combo      | <input type="checkbox"/> Contemporary | <input type="checkbox"/> Strength & Conditioning  | <input type="checkbox"/> Acro           |

I have read the 2024/2025 studio dance contract and tuition/fees information and will adhere to the policies/fees of MSOD. I approve that tuition installments will run from August until May and the first installment will be charged on the credit card provided. I understand that all payments other than tuition installments must be payable by cash or check only. I hereby release all owners, staff, instructors, and all other liable parties and will not hold them responsible for any and all personal injury or damages with result to or from my participation at MSOD.

I am aware that there is now a \$30 Recital link download fee which will be split into two payments of \$15 added to my monthly tuition for the months of April and May.

I am aware that there is a late fee of \$10 that will be added to my account if tuition is not paid by the 15<sup>th</sup> of each month.

Parent or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please check one box below:**

- I understand this credit card will only be used for my **First Tuition Installment**
- I understand this credit card will be enrolled in **automatic payments** for tuition and costume installments.

Circle One: MC      VISA

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

cvc: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Card Holder's Name: \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_