

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

Registration 2026/2027

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:

- | | | | |
|-----------------------|------------------|------------------------------|--------------------|
| ___ 6WK Tiny Feet | ___ Ballet | ___ Jr./Sr. Classical Ballet | ___ Hip Hop |
| ___ Creative Movement | ___ Tap | ___ Pre-Pointe | ___ Dance Company |
| ___ Pre-School | ___ Jazz | ___ Pointe | ___ Dance Ensemble |
| ___ Kinder Combo | ___ Contemporary | ___ Acro | |

_____ I have read the 2026/2027 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 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 15th 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: _____