PAYMENT APPLICATION- DANCE CONSERVATORY OF MD

ALL STUDENTS, new and returning, must complete a registration form in full before taking classes.

PLEASE CHOOSE ONE FORM OF PAYMENT

Please complete separate form for each student

TUITION

Hours Week	Cost/ 11 Week Session	Monthly Credit Card
9.00+ (unlimited hours/ week)	$1008	$336/ month
8.75 hours/ week	$984	$328/ month
8.50 hours/ week	960	$320/ month
8.25 hours/ week	$936	$312/ month
8.00 hours/ week	$912	$304/ month
7.75 hours/week	$888	$296/ month
7.50 hours/week	$864	$288/ month
7.25 hours/week	$840	$280/ month
7.00 hours/week	$816	$272/ month
6.75 hours/week	$792	$264/ month
6.50 hours/week	$768	$256/ month
6.25 hours/week	$744	$248/ month
6.00 hours/week	$720	$240/ month
5.75 hours/week	$696	$232/ month
5.50 hours/week	$672	$224/ month
5.25 hours/week	$648	$216/ month
5.00 hours/week	$624	$208/ month
4.75 hours/ week	$600	$200/ month
4.50 hours/ week	$576	$192/ month
4.25 hours/ week	$552	$184/ month
4.00 hours/ week	$528	$176/ month
3.75 hours/ week	$504	$168/ month
3.50 hours/ week	$480	$160/ month
3.25 hours/ week	$456	$152/ month
3.00 hours/ week	$432	$144/ month
2.75 hours/ week	$408	$136/ month
2.50 hours/ week	$384	$128/ month
2.25 hours/ week	$360	$120/ month
2.00 hours/ week	$336	$112/ month
1.75 hours/ week	$294	
1.50 hours/ week	$258	
1.25 hours/ week	$216	
1.00 hours/ week	$174	
0.75 hours/ week	$138	

Performance Classes: $75 each/session (Winter and Spring) beginning in January

Total Hours per Week:_____ **Session Cost:** **$_____**

Registration Fee: $30/student/year ($60/family max)

Sibling Discount: 10% off if applicable

Military Discount: 10% off if applicable

Total: FALL **$**_____ WINTER **$**_____ SPRING **$**_____ SUMMER **$**_____

ALL students are required to have credit card on file, regardless of payment type. Please complete below.

_____ PAYMENT IN FULL BY CHECK - Amount must be for full session tuition including registration fee (when applicable). Full payment is due with registration form by the first class of a session for student to attend. Checks made payable to Dance Conservatory of MD.

Office Use Only: Check #: FALL _____ WINTER _____ SPRING _____ SUMMER _____

_____ PAYMENT IN FULL BY CREDIT CARD - Amount must be for full session tuition including registration fee (when applicable). Full payment is due with registration form by the first class of a session for student to attend.

_____ MONTHLY PAYMENT BY CREDIT CARD - **Balances over $300 ONLY** will be divided into three equal installments. First payment is due with registration form and fee (when applicable) by the first class of a session for student to attend. Each additional installment will be automatically charged to the credit card on file the following two months. Checks are NOT accepted for this option.

***Office Use Only**: Monthly Tuition Installment: FALL $_____ WINTER $ _____ SPRING $_____ SUMMER $_____*

I agree to pay/authorize DCM to charge my credit card for the full tuition amount. I understand that adding/dropping classes between sessions will affect my tuition total. Failure to submit payment will result in the loss of my child or me to participate in or attend all classes and performances until all fees are paid in full. **A $15 late fee per week will be assessed for payments made after the due dates.** I agree to submit a letter of withdrawl prior to the start of a new session should I choose to withdraw from the program or I will be responsible for tuition payments and late fees which will be charged to my credit card. All fees/payments are nonrefundable after first class of a session (registration fee is non refundable upon receipt) regardless of whether or not participant is attending classes due to illness or injury.

Circle One: **Visa** **MasterCard** **Discover**

Name on Card: _____ **Signature:**_____

Card Number:_____ **Exp:**_____

REVERSE SIDE MUST BE COMPLETED

Class Recommendations

REGISTRATION FORM

Office Use Only: NEW RETRN Check Credit Cash ARB F W S SU Date Received:

Please complete separate form for each student and return to: DCM, 701 Whitaker Mill Rd. Joppa, MD 21085, info@danceconservatoryofmd.com

Student's Name:_____ Age:_____ DOB:_____ Dance Experience:_____

Parent/Gaurdian Names:_____ Parent Employer:_____

Address:_____ City/ State:_____ Zip:_____

Home Phone:_____ Cell:_____ Email **(Required):**_____

How did you hear about Dance Conservatory of MD:_____

Class	Day and Time	Length of Class

Allergies/Medical Conditions of which DCM should be aware: _____

Health - Participant warrants and represents that he/she has no disability, impairment or ailment preventing him/her from engaging in active or passive exercise of that will be detrimental or inimical to his her health, safety or physical condition if he/ she does so engage or participate. This representation is made by Participant knowing that DCM will rely upon same in respect to the registration of Participant. In the event that the participant is unable to decide medical attention or participant's parents/guardian cannot be reached, parents/guardian give permission to DCM to authorize any medical care that may be required by the participant. Parent/guardian assumes responsibility for all charges as a result of such medical treatment.

Rules and Regulations - Participant hereunder is bound and shall comply with the rules and regulations, policies and procedures of DCM (see school handbook). Failure to comply may result in dismissal from the Dance Conservatory of Maryland. No refunds will be given and participant is responsible for tuition for an incomplete session.

Photography Release - Participant is allowing DCM the taking, review or use of their photograph for possible or actual inclusion in materials including but not limited to marketing, advertising (including on the Internet) and videography without consent from, notice to or compensation for the participant including after the participants discontinuance of dancing/participation at DCM. Participant consents to and authorizes, the copyrighting, reproduction and publication by The Dance Conservatory of Maryland or its agents or other professionals hired by DCM, with respect to videotapes or photographs that have been or may be taken of the participant, in whole or in part or, composite with other videotapes or photographs.

Participant Signature (Parent/Guardian if under 18):_____ Date:_____

PAYMENT APPLICATION ON REVERSE SIDE MUST BE COMPLETED