



1154 N. Montello St. Brockton, MA 02301 508.586.4653

**2009-2010 First Steps & Classics**

Registration Application

New Students may register by mail or during our

"Open House Registration"

Early Bird – Tues. & Thurs. June 23 & 25

Regular – Wed. & Thurs. Aug 26 & 27 or Sept 2 & 3, 4-8pm

**10% off all dancewear and shoes Aug. & Sept. reg. dates only**

Classes begin on Saturday, September 12, 2009

To Register by mail please fill out the application, then using the class schedule below, along with the class descriptions and tuition schedule fill in the class(es) you would like to register for. Please note that all classes will be filled on a first come first served basis. Please feel free to call the school if you need assistance or have any questions. If you register for an improper class or a class that has been filled we will inform you immediately. You will receive a letter of confirmation and all necessary information prior to the beginning of the season. To insure your space in class, please mail admission form with registration fee and September tuition. Payments may be made in the form of check, money order, mastercard or visa.

**Family Tuition Discounts**

**10% off 2<sup>nd</sup> child & 15% off 3<sup>rd</sup> child (lower price prevails)**

**NEW 5% discount for payment of full years tuition**

**NEW Tween Hip Hop Class**

**For boys & Girls Wed. 6:15-7:15**

**First Steps**

**age 3 Creative Movement 1**

Wed. 4-4:45 or Sat. 9:30-10:15 (your choice)

(3/4 hr. weekly) \$45.00 per month

**age 4 Creative Movement 2**

Wed. 4:45-5:30 or Sat 10:15-11 (your choice)

(3/4 hr. weekly) \$45.00 per month

**age 5 Kindercombo**

Wed. 5:30-6:30 or Wed. 6:30-7:30 or Sat 11-12 (your choice)

(1 hr. weekly) \$47.00 per month

**Classics**

Combo Classes include ballet, tap & jazz

**ages 6&7 Primary 1 Combo Sat. 9:45-11:15**

(1 1/2 hr. weekly) \$71.00 per month

**ages 6-8 Primary 1/2 Combo Wed. 4-5:30**

(1 1/2 hr. weekly) \$71.00 per month

**ages 7&8 Primary 2 Combo Sat. 10-11:45**

(1 3/4 hr. weekly) \$83.00 per month

**ages 8&9 Primary Combo 2/3 Wed. 4-6**

(2 hrs. weekly) \$94.00 per month

**ages 8-10 Primary 3 Combo Sat. 11:15-1:15**

(2 hrs. weekly) \$94.00 per month

**ages 10-13 Intermediate Combo Wed. 5:30-7:45**

(2 1/4 hrs. weekly) \$106.00 per month

**ages 13 & over Mon 6-9 Junior/Senior Combo**

(1hr. each subject) \$140.00 per month

**TUITION**

**INDIVIDUAL SUBJECTS**

**3/4 hr. Class**

**(1 subject) \$45.00 monthly**

**1 hr. Class**

**(1 or 2 subjects) \$47.00 monthly**

**1 1/2 hr. class**

**(1 or 2 subjects) \$71.00 monthly**

**Account Name (parent or billing) & Address**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone 1 \_\_\_\_\_

Phone 2 \_\_\_\_\_

e-mail (please) \_\_\_\_\_

Student 1 \_\_\_\_\_

Yrs. of training @ The Gold School \_\_\_\_\_

Age as of 9/1/09 \_\_\_\_\_ D.O.B. \_\_\_\_\_

Student 2 \_\_\_\_\_

Yrs of training @ The Gold School \_\_\_\_\_

Age as of 9/1/09 \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_

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

**Class Choices**

1. Day \_\_\_\_\_ Time \_\_\_\_\_ Class \_\_\_\_\_

2. Day \_\_\_\_\_ Time \_\_\_\_\_ Class \_\_\_\_\_

3. Day \_\_\_\_\_ Time \_\_\_\_\_ Class \_\_\_\_\_

4. Day \_\_\_\_\_ Time \_\_\_\_\_ Class \_\_\_\_\_

Tuition Payment \_\_\_\_\_

Registration Fee (\$25.00 per family)

Total Enclosed \_\_\_\_\_

See "Method of Payment" sheet

**Please list previous experience on back of this form.**

I, the undersigned Parent or Guardian of the above student(s), release the Gold School, including instructors and assistants from any and all injuries which I may sustain while training, practicing, and performing or during any event or activity. I also agree that I am responsible for their health and accident insurance and any medical costs incurred due to injury. I also give my permission for emergency medical transportation and treatment at my expense if the need arises. I also give my permission for the public display of any studio pictures that my child may be in and that I have thoroughly read, understand and agree to the Gold School General Information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Account Name \_\_\_\_\_

Dancer(s) name(s): \_\_\_\_\_

### Method of Payment

(check one) **Checks payable to "The GOLD School"** \_\_\_\_\_ **Credit Card** \_\_\_\_\_ (see below)

YEARLY 1 TIME REGISTRATION FEE PER FAMILY \$25.00

**Option 1** Payment by check # \_\_\_\_\_ including 1<sup>st</sup> months tuition & \$25.00 registration fee per family Total Enclosed \$ \_\_\_\_\_

#### Credit Card Authorization Form for The GOLD School

#### Option 2 **One Time Registration and 1<sup>st</sup> Months Tuition Payment Only**

1<sup>st</sup> Months Tuition \$ \_\_\_\_\_ Plus One Time Registration Fee \$25.00 Per Family Total Payment \$ \_\_\_\_\_

#### Option 3 **Monthly Recurring Payment Plan**

1<sup>st</sup> Months Tuition Due Upon Registration

RECURRING (starting w/ 2<sup>nd</sup> months tuition) Payment Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (The first week of each month)  
RECURRING Payment End Date: 5/1/10 (30 day written notification is required to cancel)

MONTHLY Recurring Tuition Payment Amount \$ \_\_\_\_\_ Number of Payments: \_\_\_\_\_ (9X if starting in Sept.)

Plus One Time Registration Fee \$25.00 Per Family Total Payment \$ \_\_\_\_\_

#### Option 4 **NEW (save 5%) One-time Yearly Tuition Payments**

FULL YEAR (9 months tuition) Payment Date: \_\_\_\_\_

One-Time Yearly Tuition Payment Amount \$ \_\_\_\_\_ Plus One Time Registration Fee \$25.00 Per Family Total Payment \$ \_\_\_\_\_

**CUSTOMER'S CREDIT CARD INFORMATION** Card Type (circle): Mastercard Visa

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month year

Billing Address Zip Code: \_\_\_\_\_

#### CREDIT CARD PAYMENT AUTHORIZATION

I hereby authorize you to charge my credit card as identified above. This authorization shall remain in effect until the terms stated have been met or until The Gold School has received written notification from me of intent to terminate at such time and in such manner as to afford The Gold School reasonable opportunity to act (minimum of 30 days).

All other changes such as payment amount, frequency or card number change will require a new Payment Authorization Form to be filled out and submitted to The Gold School 15 days prior to any change being implemented. I understand that this payment plan may be cancelled by The Gold School due to uncollectible funds.

I represent and warrant that I am authorized to execute this payment authorization for the purpose of implementing this payment plan. I indemnify and hold The Gold School the credit card processor and the bank harmless from damage, loss, or claim resulting from all authorized actions hereunder.

Authorized signature(s) on credit card account (if required) \_\_\_\_\_

Date \_\_\_\_\_

(card holder) **First Name** \_\_\_\_\_

**Middle Name** \_\_\_\_\_

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

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_

( )  
PHONE \_\_\_\_\_