

THE FORCE ~ STUDENT ENROLLMENT FORM

How did you hear about us?

Already student

Phone Book

Signage

Internet

Referred by: _____

Other: _____

Student Info	_____ Last Name First Name Date of Birth Grade
	_____ Student Email Address (optional) Student Cell Phone (optional)
	This is beginning my _____ year on team
Parent / Guardian #1	_____ Last Name First Name Relationship to Student (ex mother)
	_____ Street Address City State / Zip Code
	_____ Primary Phone # (cell preferred) 2nd Phone # (home / work)
	_____ E-Mail Address Employer
	_____ _____ _____
Parent / Guardian #2	_____ Last Name First Name Relationship to Student (ex father)
	_____ Street Address City State / Zip Code
	_____ Primary Phone # (cell preferred) 2nd Phone # (home / work)
	_____ E-Mail Address Employer
	_____ _____ _____
911	_____ Emergency Contact Name and Phone Number other than above
Class Selection	_____ <input type="checkbox"/> Dance <input type="checkbox"/> Gym <input type="checkbox"/> Cheer
	_____ Class Name Day / Time
	_____ Class Name Day / Time

Additional Information:

- * Return this form to office to complete the enrollment process.
- * Other forms needed: Policies & Procedures and Auto Payment Agreement
- * This form is for enrollment information only. You will need to fill out payment information on a separate form.
- * For additional students - fill out the "Additional Student Enrollment Form" for each additional student

THE FORCE ~ ADDITIONAL STUDENT ENROLLMENT FORM

Date

Student Info	Last Name _____ First Name _____		Date of Birth _____	Grade _____
	Student Email Address (optional) _____		Student Cell Phone (optional) _____	
	This is beginning my _____ year on team			
Class Selection	<input type="checkbox"/> Dance <input type="checkbox"/> Gym <input type="checkbox"/> Cheer			
	Class Name _____		Day / Time _____	
	Class Name _____		Day / Time _____	
	Add To _____			
Add To	Full Name of Student on "Student Enrollment & Automatic Payment Form "			

THE FORCE ~ ADDITIONAL STUDENT ENROLLMENT FORM

Date

Student Info	Last Name _____ First Name _____		Date of Birth _____	Grade _____
	Student Email Address (optional) _____		Student Cell Phone (optional) _____	
	This is beginning my _____ year on team			
Class Selection	<input type="checkbox"/> Dance <input type="checkbox"/> Gym <input type="checkbox"/> Cheer			
	Class Name _____		Day / Time _____	
	Class Name _____		Day / Time _____	
	Add To _____			
Add To	Full Name of Student on "Student Enrollment & Automatic Payment Form "			

THE FORCE ~ AUTOMATIC PAYMENT FORM AND AGREEMENT

Date

ENROLLMENT PAYMENT INFORMATION

Automatic payment agreement

I hereby request and authorize Danz Force to charge the credit card below for my tuition for the total amount due on the account (including tax and store charges). The charges will continue at the current rate for the classes that the student is registered for until I give written notice stating otherwise. Written notice must be given at least 30 days in advance of the 1st of the month and in the form of our "Withdrawal Form". Unless other arrangements or payments are made, outstanding balances on my account will also be charged to this card when the account reaches 7 days past due. This authorization is extended to Danz Force and to it's authorized agents or firms engaged in the business of processing credit cards. By signing below, I agree to the above terms and authorize this card for charging during the below time period. Other charges such as competition fees and uniforms will be charged as permitted by customer. Uniforms must be paid in full before ordered. Competition fees must be paid by deadline to be registered by Danz Force to compete. Additional fees could include monthly late fees or finance charges incurred due to collections. **ALL FEES ARE NON-REFUNDABLE.**

Beginning Date _____ Ending Date _____

Credit Card Visa M/C Discover

Set up Auto Pay for 1st of Month Initial

Use Card if payment is not made prior to 7th of month Initial

Card Number _____

Expiration Date _____ Billing Zip _____

Name as it appears on card _____

Signature _____

There is a \$25 Declined Payment added to monthly tuition for any declined credit / debit card or returned checks. Classes may not be attended until account balance is paid.

STAFF USE ONLY

<input type="text"/>	Charge the \$40 Registration Fee	\$ <input type="text"/>
<input type="text"/>	Charge the \$15 Team - T-shirt Costs	\$ <input type="text"/>
	Total Charge today including Tax	\$ <input type="text"/>

Student #1 Monthly Tuition	\$ <input type="text"/>
Student #2 Monthly Tuition	\$ <input type="text"/>
Student #3 Monthly Tuition	\$ <input type="text"/>
Student #4 Monthly Tuition	\$ <input type="text"/>
TOTAL MONTHLY CHARGE including tax	\$ <input type="text"/>

<input type="text"/>	Date enrollment taken	Notes
<input type="text"/>	Staff Initials	_____
<input type="text"/>	Updated Roster / Information	_____
<input type="text"/>	Charged account if applicable	_____
<input type="text"/>	AP updated by _____	
<input type="text"/>	Date	