



1154 N. Montello St. Brockton, MA 02301 508.586.4653

2010-2011 First Steps & Classics

Registration Application

New Students may register by mail or during our
 "Open House Registration"
 Aug 25 & 26 Sept 1, 2, 7 & 8, 4-8pm
 10% off all dancewear and shoes Aug 25 -Sept 7
 Classes begin on Saturday, September 11, 2010

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 2nd child & 15% off 3rd child (lower price prevails)
 NEW 5% discount for payment of full years tuition

age 3 & 4 Creative Movement

Wed. 4-4:45, Sat. 9:30-10:15, Wed. 4:45-5:30, Sat 10:15-11
 your choice

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

age 5 & 6 Kindercombo

Wed. 5:30-6:30, Wed. 6:30-7:30, Sat 11-12, Sat 12-1
 your choice

(1 hr. weekly) \$47.00 per month

Classics

Combo Classes include ballet, tap & jazz

ages 7&8 Primary 1 Combo Sat. 9:45-11:15

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

ages 7&8 Primary 1/2 Combo Wed. 4-5:30

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

ages 8&9 Primary 2 Combo Sat. 10-11:45

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

ages 8-10 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 6:30-9:30 Junior/Senior Combo

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

Hip Hop Classes

Age 10-12 Hip Hop Thurs 4-5 \$47.00 monthly

Age 13 & over Hip Hop Thurs 5-6 \$47.00 monthly

Age 6-9 Hip Hop Thurs 6-7 \$47.00 monthly

TUITION

INDIVIDUAL SUBJECTS

3/4 hr. Class

(1 subject) \$45.00 monthly

1 hr. Class

(1or 2 subjects) \$47.00 monthly

1 1/2 hr. class

(1or 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 9/1/10 _____ D.O.B. _____

Student 2 _____

Yrs of training @ The Gold School _____

Age as of 9/1/10 _____ 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 1st months tuition & \$25.00 registration fee per family Total Enclosed \$ _____

Credit Card Authorization Form for The GOLD School

Option 2 One Time Registration and 1st Months Tuition Payment Only

1st Months Tuition \$ _____ Plus One Time Registration Fee \$25.00 Per Family Total Payment \$ _____

Option 3 Monthly Recurring Payment Plan

1st Months Tuition Due Upon Registration

RECURRING (starting w/ 2nd months tuition) Payment Start Date: ____/____/____ (The first week of each month)
RECURRING Payment End Date: 5/1/11 (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 _____