



**DEBORAH'S STAGE DOOR  
CENTER FOR THE PERFORMING ARTS  
SUMMER REGISTRATION FORM - 2010**

51031 Celeste  
Shelby Township, MI 48315  
586-247-1400

**SHELBY - SUMMER SESSION: JUNE 21, 2010 – AUGUST 5, 2010**

**FEES FOR THE SUMMER SESSION: (These rates are by family.)**

- 1 CLASS \$55
  - 2 CLASSES \$52.50 (2 classes=\$105)
  - 3 CLASSES \$50 (3 classes=\$150)
  - 4 CLASSES \$47.50 (4 classes=\$190)
- \*\*PLEASE ADD \$40 PER CLASS FOR MORE THAN FOUR CLASSES.**

STUDENT'S NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
 \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY &  
 ZIP \_\_\_\_\_  
 AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ GRADE IN SCHOOL \_\_\_\_\_ BOY \_\_\_\_\_  
 GIRL \_\_\_\_\_  
 PARENT/S NAME \_\_\_\_\_ WORK \_\_\_\_\_  
 PHONE \_\_\_\_\_  
 CELL PHONE \_\_\_\_\_ FIRST YEAR ENROLLED AT  
 DSD \_\_\_\_\_  
 E-MAIL  
 ADDRESS \_\_\_\_\_

HOW YOU HEARD ABOUT THE STUDIO \_\_\_\_\_

CLASSES ENROLLING IN:  
 DAY \_\_\_\_\_ TIME \_\_\_\_\_ TYPE \_\_\_\_\_  
 DAY \_\_\_\_\_ TIME \_\_\_\_\_ TYPE \_\_\_\_\_  
 DAY \_\_\_\_\_ TIME \_\_\_\_\_ TYPE \_\_\_\_\_  
 DAY \_\_\_\_\_ TIME \_\_\_\_\_ TYPE \_\_\_\_\_

\*All students and the parents/legal guardians are aware of possible physical injury that may occur during dance/gymnastic classes, performances, and/or rehearsals and are willing to assume those risks. It is agreed that students, and their parents/legal guardians will not hold DSD Dance and its directors, officers, and/or employees liable for injuries sustained while in attendance or while participating in any DSD Dance activity. We give our permission to DSD Dance to use pictures and videos of our child for advertising purposes and to contact us through email at the address above – or an updated address that we have supplied to the studio office. I understand that I am responsible for all late fees incurred when any payments are not made on time. Tuition is non-refundable.

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Father's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

***\*\*Summer Tuition – Register Now for best choice of day and time!***

Total Amount Owed \_\_\_\_\_ Amount Paid \_\_\_\_\_ Date \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_  
 Mastercard \_\_\_\_\_ Visa \_\_\_\_\_ Credit Card  
 Number \_\_\_\_\_ Exp.Date \_\_\_\_\_  
 Name of Credit Cardholder(Please  
 print) \_\_\_\_\_  
 Signature of Credit  
 Cardholder \_\_\_\_\_

**Please note that a 3% administrative fee will be added to this credit card transaction.**

**Received by (employee's name)** \_\_\_\_\_ **On computer by** \_\_\_\_\_

My Documents / Registration / 2010 / SummerReg Form 2010