



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

1655 W. Hamlin Rd.
Rochester Hills, MI 48309
248-852-8133

ROCHESTER - SUMMER SESSION: MONDAY, JUNE 21, 2010 – THURSDAY, AUGUST 5, 2010

FEEES FOR THE SUMMER SESSION: (These rates are by family and for the entire summer session.)

1st CLASS \$65
2nd CLASS \$60 (\$125 total for 2 classes)
3rd CLASS \$55 (\$180 total for 3 classes)
4th CLASS \$50 (\$230 total for 4 classes)

****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 _____

There are no classes July 5th.

*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 Deborah's Stage Door, Inc. its directors, officers, and/or employees liable for injuries sustained while in attendance or while participating in any Deborah's Stage Door activity. We give our permission to Deborah's Stage Door, Inc. 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!***

You may register by mail for summer classes through June 7th. After the 7th, please register in the office. Full payment must accompany your registration form.

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