



**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.)**

1<sup>st</sup> CLASS \$65  
2<sup>nd</sup> CLASS \$60 (\$125 total for 2 classes)  
3<sup>rd</sup> CLASS \$55 (\$180 total for 3 classes)  
4<sup>th</sup> 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 7<sup>th</sup>. After the 7<sup>th</sup>, 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