

SHAWL-ANDERSON DANCE CENTER YOUTH REGISTRATION

2704 Alcatraz Avenue, Berkeley, CA 94705--you can also register at www.shawl-anderson.org --510-654-5921

Today's Date: _____	Student Birth Date: _____
SEMESTER: _____ Class Code: 1. _____ 2. _____ 3. _____ 4. _____	
Student Name: _____	
Address: _____	
City: _____ State: _____ Zip: _____	
PARENT EMAIL (please print): _____	Home Phone: _____
Parent: _____	Cell Phone: _____
Parent: _____	Cell Phone: _____
School attended by student: _____	How did you hear about SADC? _____
Describe medical conditions & anything else we should know about your child's learning needs that would support his/her experience? _____	
Emergency Contact _____ Relationship to Student: _____ Phone: _____ <i>this should be a person other than parents – we will contact parents first in case of emergency</i>	
I have read and agreed to Shawl-Anderson Dance Center's youth policies. Please sign: _____	
Enrollment Notes: _____	

TOTAL TUITION: \$ _____ **Students must pay 50% of tuition - remainder due by Wed, Oct. 12 (late fee \$10)**

ADJUSTMENT: \$ _____ **Reason** _____

TOTAL DUE: \$ _____

Date: _____ Amount: \$ _____ Ck#/CCAP _____ or CASH Bal Due: \$ _____ FM: _____

Date: _____ Amount: \$ _____ Ck#/CCAP _____ or CASH Bal Due: \$ _____ FM: _____

Date: _____ Amount: \$ _____ Ck#/CCAP _____ or CASH Bal Due: \$ _____ FM: _____

TRIALS: \$15 - students may take 3 trial classes per session before deciding on enrollment for the semester (admin: no filemaker)

Class Code: _____ Date: _____ \$15.00 CASH or Ck#/CCAP _____ Desk Initials: _____

Class Code: _____ Date: _____ \$15.00 CASH or Ck#/CCAP _____ Desk Initials: _____

Class Code: _____ Date: _____ \$15.00 CASH or Ck#/CCAP _____ Desk Initials: _____

Drop/Refunds/Credits (Admin Only) Date Dropped: _____ Reason: _____

Refund (thru 9/30) \$ _____ check or credit card? • Class Credit (thru 10/26) \$ _____ FM: _____