

Located in Champlin Plaza  
12425 Champlin Drive, Champlin MN 55316  
763 421-5443  
www.nsodance.com



P3 \_\_\_\_\_

Family \_\_\_\_\_

Auto \_\_\_\_\_

## 2017 - 2018 Registration Form

(Print clearly)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Today's date \_\_\_\_\_

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade in School \_\_\_\_\_ Receiving Trophy June 2018 \_\_\_\_\_  
(2017-2018 school yr) (3,5,8,10,13,15 years of dance study)

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Home e-mail \_\_\_\_\_

Mother's name \_\_\_\_\_ Work # \_\_\_\_\_ e-mail \_\_\_\_\_

Cell \_\_\_\_\_

Father's name \_\_\_\_\_ Work # \_\_\_\_\_ e-mail \_\_\_\_\_

Cell # \_\_\_\_\_

Student's name \_\_\_\_\_ Cell # \_\_\_\_\_ e-mail \_\_\_\_\_

**Class Choice:** list class day and time \_\_\_\_\_

**Competing Student:** Enroll as an Unlimited student Yes \_\_\_\_\_ No \_\_\_\_\_

*(Unlimited students commit to the program from Sept. through June)*

Would you like a Personal Payment Plan designed for you? Yes \_\_\_\_\_ No \_\_\_\_\_

I \_\_\_\_\_ agree to have Northland staff charge my credit card on the first day of each month during the 2017-2018 season. This charge includes your P3 fees as well as any other fees you request. Automatic payments will begin September 2017, with the last payment at the end of the season. If you are unable to fulfill this obligation, you are required to contact NSOD staff immediately to discontinue this service.

Credit Card # \_\_\_\_\_ Expiration date \_\_\_\_\_

Signature # \_\_\_\_\_ 3 dig code # \_\_\_\_\_

**Registration Fee:** \$50 first student / \$30 each additional student. Includes music link, practice video posted for recreational dancers, and YEP T-shirt.

Please check this box if you are paying your registration fee by mail, or e-mail.

**IMPORTANT!** Turn over and fill out the back

Dancers Name \_\_\_\_\_ Previous class \_\_\_\_\_

### HOW DID YOU HEAR ABOUT NORTHLAND?

Website \_\_\_\_\_ Facebook \_\_\_\_\_ Mall Sign \_\_\_\_\_ Competition \_\_\_\_\_ Friend (name) \_\_\_\_\_

### HEALTH HISTORY

Please list any health issues \_\_\_\_\_  
\_\_\_\_\_

### ROOM PARENT

Are you an organized person that would like to be involved in your dancer's class as the Room Parent? RP receive a monthly tuition discount. If you have been selected as RP you will be informed by the first lesson in September. There will be a meeting to learn how to effectively be a RP. Sign up in here!

Your Name \_\_\_\_\_ Phone # \_\_\_\_\_ e-mail \_\_\_\_\_

### IMPORTANT REQUIREMENTS FOR GROUPS *(Indicate Yes or No in space)*

- \_\_\_\_\_ I agree my dancer will perform in all performances and events in which their group participates.  
\_\_\_\_\_ I agree to purchase costumes necessary to the group. *(Includes all NSOD shoes, tights, accessories)*  
\_\_\_\_\_ I'm aware lesson fees are a 10 month commitment, but a 9 month payment plan.  
\_\_\_\_\_ I agree if I discontinue lessons I will pay for the full month, with no refunds, including registration fee.  
\_\_\_\_\_ I'm aware there is a \$20 late fee for any and all fees that are not paid by the date due. This includes lessons, costumes, competition and P3. Auto pay clients never pay a late fee.  
\_\_\_\_\_ I give Northland permission to use my picture or child's picture for advertising/promotional purposes.

### REGISTER

Secure placement in the class of your choice by sending your registration form and registration fee to the address on the front, or email form and credit card number to nsodbarb@gmail.com. New dancers please stop into the studio to receive a tour and meet the staff. No confirmation of your registration is necessary. You will be notified if there is a change to your class. Classes begin Sept. Wednesday 6th, 2017.

I hereby release all persons affiliated with Northland School of Dance from any and all claims for damages or injuries which may be sustained while participating in any and all activities connected with Northland School of Dance. I also agree to adhere to all policies of Northland School of Dance.

Signature \_\_\_\_\_

*(If under 18 parent must sign)*

Office use only: Reg. paid \_\_\_\_\_, paid by: Cash \_\_\_\_\_, Check \_\_\_\_\_ Chg. \_\_\_\_\_ Enrolled \_\_\_\_\_  
*(office staff initials)* *(Barb initials)*