

Located in Champlin Plaza
12425 Champlin Drive, Champlin, MN 55316
Phone 763 421-5443
nsodbarb.larson@gmail.com
www.nsoddance.com

Today's Date _____

2024 - 2025 Registration Form

(Please print clearly)

Last Name _____ First Name _____

D.O.B. ____/____/____ Grade in School _____ Receiving Trophy June 2025 Production _____
(2024-2025 school year) (3, 5, 8, 10, 13, 15 years of dance study)

Address _____ City _____

Zip Code _____ Home # _____ Home e-mail _____

Mother's Name _____ Work # _____ e-mail _____

Cell # _____

Father's Name _____ Work # _____ e-mail _____

Cell # _____

Student e-mail address _____ Student cell # _____

Class Choice: List class day and time _____

Non comp 1 or 2 students: Do you wish to be an *Unlimited student*? Yes _____ No _____

(To take Unlimited classes, you must be committed to the unlimited fee for 9 months of dance.)

I _____ agree to have Barb Larson charge my credit card on the first day of the month during the 2024-2025 season. This charge includes my dancers P3 fees as well as any other fees I have requested.

I am aware automatic payments will begin September, 2024 with the last payment billed once the final bills are finalized (approximately April or May 2025). If for any reason I cannot fulfill this obligation, I will contact Barb Larson immediately to cancel continuous payments on my credit card. I will then make monthly payments on my own. I understand there is a 3% cc fee.

Credit Card # _____ Exp. Date _____

Signature _____ 3 digit code on back of CC _____

REGISTRATION FEE: \$50.00 first student / \$30.00 each additional student.

IMPORTANT! Turn over and fill out the back

Health History

Please list any health issues the teachers need to know:

How did you hear about Northland School of Dance?

Web site _____ Flyer _____ Prev. Student _____ Mall sign _____
Facebook _____ Instagram _____ Competition _____ Other _____
Friend _____ If a friend, please give name _____
(if name hasn't been given in past years)

Room Parent

You are Important! We are looking for a responsible parent to give the opportunity of being a Room parent. To thank you for the work you do for your group, we will give you a discount on your monthly tuition. You will have this responsibility until the production in June. There is a room parent meeting in September to help you understand your responsibilities. You will be informed in August / September if you were chosen to be a room parent. If you're interested please fill out the information below.

Your name _____
Phone Number _____
Email address _____

Important requirements for all groups

- I agree my dancer will perform in all performances and events in which their group participates.
- I agree to purchase class costumes necessary to the group - including shoes & tights, and make up.
- I am aware the P3 monthly fee is a commitment from start date to end date. I know the P3 monthly fee is a commitment from the start to the end of the season.
- I agree if I discontinue lessons after the 1st of the month, I will pay for the full month, with no refunds. If costumes have been ordered, I agree to pay for them in full.
- I am aware there is a \$30.00 late fee for any fees not paid by the due date. This includes an invoice that has been at the front desk after 30 days.
- I give Northland School of Dance permission to use my picture or my child's picture for advertising purposes.
- Comp 1, 2 & Precomp Only - I am aware that if my dancer(s) quit after audition results are announced, there will be a credit card fee of \$100.00 to this card:

Credit Card # _____ Exp Date _____
Signature _____ 3-digit code _____

Secure placement in the class of your choice by sending your registration form and registration fee to the address on the front or email the form to nsodbarb.larson@gmail.com. New dancers, we would love for you to come in and visit the studio and meet the staff. No confirmation of your registration is necessary. You will be notified if there is a change in your class. Classes begin September 9th.

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 Danace

SIGNATURE _____
(if under 18, parent must sign)

Office use only:

Cash _____
Check _____
Registration paid _____ Charge _____ Enrolled _____
(office staff initials) (Barb's initials)