

## HOSANNA DANCE STUDIO 2023-2024 Application for Enrollment

Parent/Guardian's Name (Name on A		
,	Account)	
Mailing Address:		
City/State/Zip	E-	mail
Primary Phone	Secondary Phone	Alternate Phone
Emergency Contact	Relationship	Phone Number
Participant Name(s) -1 per line	date of birth	Requested Class(es) Use back of page if necessary
*3 SIGNATURES REQUIRED	) BELOW****	
campus, or while participating in Hosa contact the person(s) listed on the stud I hereby authorize a representative of understand that my medical insurance Dance and its agents or representative	terms of enrollment (a and/or I will adhere to a sanna Dance, LLC, & their age anna sponsored performances. dent's registration form. In the Hosanna Dance to authorize we carrier and I are financially resist cannot be held accountable of	anna Dance parent manual particularly the portions regarding the financial available at the studio or on the studio web site) and agree that my child all the guidelines therein, including the hair and dress code.  Interpresentatives of liability for any injury to my child/ren (or myself) in class, on the I understand that in the event medical intervention is needed, attempt will be made to be event we cannot be contacted for the health and well-being of my child/ren (or myself), whatever medical treatment that might be necessary in an emergency situation. I sponsible for any medical treatment extended to my child (or myself), and that Hosanna or liable for such medical treatment. I furthermore give Hosanna Dance and Mark Willet , videos, and web pages for promotional purposes
lease use reverse to make us aware Payment Information-You MUST cho	of any issues that may impa	nt must be more than 18 years old to sign)  net class or student performance. This information will be kept confidential.  na Dance LLC uses secure on-line payment processes for credit cards. Most families opt to ypayment system which requires the use of a Visa, Mastercard, Discover, or Debit (no
-		a the (non-refundable) registration fee. Please complete the appropriate information below
I choose to use the Automatic/Rec billing me according to the terms o server. My credit card information	f the season/class(es) for whic will not be visible to Hosanna	with Visa, Mastercard, Discover, or Debit. I understand that Hosanna Dance will be the I registered. The credit card information will be held online by a secure processing Dance staff. Changes to my registration which change the amount I will be billed are
		east 5 days' notice before the automatic billing is scheduled. By using this option, I  n fee of \$50.00. Mark one ~ Bill me on the 1st Bill me on the 5 <sup>th</sup>
qualify for the <b>discounted</b> , <b>non-re</b> I choose not to use the Automatic/I invoices and that late fees apply to	fundable annual registration Recurring Payment Plan and will payments made after the appli	
qualify for the <b>discounted</b> , <b>non-re</b> I choose not to use the Automatic/I invoices and that late fees apply to I also understand that I will not re	Recurring Payment Plan and will payments made after the applicative the auto-payment discovery the auto-payment discovery with	pay via cash or check. I understand that Hosanna Dance does not send reminder cable grace period (usually the 10 <sup>th</sup> of the month, see parent manual for current info.) count on my annual registration fee. My non- refundable registration fee will be

## NO Automatic / Recurring Payment Plan – Registration Fee \$80.00

I acknowledge that I am responsible to make timely payments of my balances due on my Hosanna Dance, LLC account. I further acknowledge that if my payment is not received on or before the due date, I authorize Hosanna Dance, LLC to initiate electronic payments for any balances due on my account PLUS an administrative late fee of \$10.00. Payments will be processed with the payment information on-file at Hosanna Dance, LLC.