

Summer Registration Form

Account Information

Parent/Guardian Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Email Address _____
Mother/Guardian Employer _____
Cell Phone _____ Work Phone _____
Father/Guardian Employer _____
Cell Phone _____ Work Phone _____
Person Responsible for Tuition, if other than Account Holder _____

Student Information

Student's Name _____
Birthdate _____ Age _____ School _____ Grade in Fall _____
Former Student @ PACE Studio? yes no How many years dance training? _____
New Student? yes no How did you hear of us? _____
Medical Conditions? (severe allergies, asthma, disabilities) _____
Emergency Contact _____
Relation to Student _____ Phone _____

Class: Pre-K K-2 Juniors Advanced

Tuition Payment—Due at time of registration.

Registration Fee—\$30 for all new students.

Absentee Policy—The P.A.C.E. Studio cannot refund accounts for classes missed, regardless of illness or other reasons.

I have read and understand The P.A.C.E. Studio's policies on Tuition Payments, Registration Fees and Absenteeism. I will uphold the terms of this agreement. In the event of injury or accident, I hereby authorize my child to receive any emergency medical attention deemed necessary while present at The P.A.C.E. Studio, if parents or emergency contacts cannot be reached by telephone. I also hereby release, indemnify and hold harmless The P.A.C.E. Studio and its faculty members from all liability or claims.

Signature _____ Date _____

Mail to: The P.A.C.E. Studio ★ 4634 Lori Lane ★ Pace, Florida 32571