



FALL REGISTRATION FORM 25-26

23011 Nine Mack Dr., St. Clair Shores, MI 48080
casalischoolofdance79@yahoo.com
586-771-6920

Student Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Parent/Guardian Contact Information

Parent/Guardian Name #1 _____

Relationship _____ Phone Number _____

Email Address _____

Parent/Guardian Name #2 _____

Relationship _____ Phone Number _____

Email Address _____ Provide only if needed for studio information

Class Registration Registration Fee (Please Circle): New Student \$30 / Returning Student \$20

Deposit \$20 per class x _____ classes = _____

Registration Fee from Above _____

Total due at registration _____

Age Group: Tiny Tots Elementary Middle School High School

Class Type: ☐ Tiny Tots ☐ Tap/Jazz ☐ Hip Hop

☐ Ballet ☐ Tap ☐ Jazz ☐ Dance/Combo ☐ Jumps & Turns

☐ Lyrical ☐ Modern ☐ Musical Theater ☐ Contemporary ☐ Pointe (with permission only)

Preferred Class Days/Times: _____

How did you hear about us? _____

Health Information

- Any food allergies or medical conditions the studio should be aware of?

Payment Information and Reminders

Parent or guardian registering the student is responsible for tuition payments.

The studio can accept payments through cash, check, or Zelle (casalischoolofdance79@yahoo.com).

Registration fees and \$20 per class deposit are due at time of registration.

Consent

By signing this form you agree and understand the terms of Casali School of Dance's tuition policy, payment guidelines, and attendance requirements. You and your student(s) understand the commitment required for a complete dance season and agree to make dance a priority. You also consent to email and/or phone communication from the studio on important matters such as studio closures, costumes, recitals, and deadlines.

Signature

Date