

SESSION 1 2020 REGISTRATION FORM - Dance Center Evanston

Dancer Name _____ Birthdate _____ Gender: Male Female Non-Binary/GNC
 Address _____ City _____ State _____ Zip _____
 Parent(s)/Guardian(s) Names _____ School _____
 Parent/Guardian Email _____ Dancer Email _____
Email becomes your user ID for the online Customer Portal and is used to provide important information from DCE.
 Primary Phone _____ Secondary Phone _____ Dancer Phone _____

What best describes your race/ethnicity? Please select all that apply.

- Alaskan Native or Native American
 Black/African American
 Middle Eastern
 Hispanic/Latinx
 Asian
 Native Hawaiian or Pacific Islander
 White
 Other _____
 Prefer not to answer

DCE endeavors to be a center for dance in Evanston and its surrounding communities. We seek to create an environment in which dancers feel welcomed, respected, supported, and valued to fully participate. DCE strives to provide high quality dance instruction to all students, irrespective of race/ethnicity and gender identity. The above voluntary information is confidential and will only be used to help us better serve our community.

NEW STUDENTS: How did you hear about us?

- Online Search
 Social Media
 Advertisement
 Personal Reference (by whom?) _____
 Other _____

CLASS	DAY	TIME	Gold, Silver, or Online Only

CALCULATION	AMOUNT
+ 45 minute class (\$239 each)	
+ 60 minute class (\$268 each)	
+ 75 minute class (\$297 each)	
+ 90 minute class (\$326 each)	
+ Pointe/Pointe Prep class (\$139 each)	
- Multi-Class Discount (8% off each additional class)	
- Sibling Discount (10%)	
SUBTOTAL (Tuition Cap is \$1720)	
+ Registration Fee (\$25/\$15)	
+ Payment Plan Fee (\$20)	
+ Dance Performance Workshop Fee (\$375)	
+ Chance to Dance Donation	
TOTAL	

This application must be initialed and signed for admission.

- _____ I have read and will fully cooperate with the COVID-19 and studio policies as posted at Dance Center Evanston (DCE) and listed on the website.
 _____ I certify that the above named student is in good health and capable of participating in classes.
 _____ I hereby release DCE, its agents and employees, from all liability for personal injury, illness (COVID-19 or other), or property loss or damage.
 _____ I agree to allow DCE to take photographs and/or video of my or my child's class for archival purposes and studio promotional use (names will be withheld).
 _____ I have read and agree to the no refund policy.

Signature _____ Date _____

Credit Card Number _____
 Exp. date _____ 3 digit security code _____
 Authorization Signature _____

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