

# Registration Form/Automatic Payment Consent Form

Student's First Name: \_\_\_\_\_ Student's Last Name: \_\_\_\_\_

Parent(s)/Guardian: \_\_\_\_\_

Phone number: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Address: (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Email: \_\_\_\_\_ Dance Experience: \_\_\_\_\_

How did you hear about us: \_\_\_\_\_

Existing Medical Condition we should be aware of: \_\_\_\_\_

**Class/Classes Registering For** -  Please check box after you have confirmed with Prima that these classes are open.

Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_ to \_\_\_\_\_

Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_ to \_\_\_\_\_

Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_ to \_\_\_\_\_

Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_ to \_\_\_\_\_

Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_ to \_\_\_\_\_

Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_ to \_\_\_\_\_

Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_ to \_\_\_\_\_

Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_ to \_\_\_\_\_

---

**Method of Payment** – Please check one of the two payment options, Annual or Automatic Monthly Payments.

**Annual** – Payment is due at time of registration or prior to August 31<sup>st</sup> to receive one month free.

**Automatic Monthly Payment** – Payment is drawn out of your account automatically on the 5<sup>th</sup> of the month.

Financial Institution: \_\_\_\_\_  Checking Account or  Savings Account – **Please include voided check.**

Routing Number (bottom left): \_\_\_\_\_ Account Number: \_\_\_\_\_

Name on Account (please print): \_\_\_\_\_

I hereby authorize Prima School of Dancing Ltd. to charge my account the amount of \$ \_\_\_\_\_ on the fifth day of each month starting \_\_\_\_\_ and ending \_\_\_\_\_. All charges will appear as Prima School of Dancing. NSF accounts will be charged a \$15 processing fee. Incidental fees such as costume fees must be paid by cash or check.

---

I have read and understand Prima's policies and procedures and agree to abide by them. I agree to give Prima School of Dancing a one month written notice from the first day of the month to discontinue agreed to charges for classes.

Signature of Parent or Adult Student (required to guarantee placement): \_\_\_\_\_ Date: \_\_\_\_\_

**Below For Prima Use Only**

Total # of Classes \_\_\_\_\_ Annual: \_\_\_\_\_ Auto withdrawal: \_\_\_\_\_ Tuition \_\_\_\_\_

**Prima School of Dancing**  
3401 Sturgis Road  
Rapid City, SD 57702  
(605) 348-8125  
[www.primadancing.com](http://www.primadancing.com)

+  
Registration Fee: \_\_\_\_\_  
Total Due: \_\_\_\_\_  
Total Paid: \_\_\_\_\_  
Check# \_\_\_\_\_