Registration Form

Registration Fee: $35 Per Student / $70 Per Family

Student Name:		
Address:		
City:	State:	Zip Code:
Telephone #1:	Telephone #2:	
Email:	Additional Email:	
Student's age: (as of 10/1)	Student Birth Date:	
Parent/ Guardian Names:		

Class Selections:

☐ Ballet ☐ Tap ☐ Jazz ☐ Hip Hop ☐ Lyrical ☐ Pointe ☐ Pom

Student Information:

School Grade (2026/2027 School Year):

Student's Clothing Size:

Payment Method

☐ Yes, I would like to use Auto-Pay!

Credit/Debit Card #: _____ Exp. Date: _____

Security Code: _____

Payment Date (Check One): ☐ 1st of Each Month ☐ 15th of Each Month

☐ No, I do not wish to use Auto-Pay!

My signature indicates that I personally accept all risk of injury due to the activities in which I am enrolling my child. I further hold harmless Arabesque Academy of Dancing, Belcher Holdings, Jacob Paul Associates, and the ownership, staff, and all parties associated with the activities of these organizations.

Furthermore, I authorize the use of my child's photograph as part of all promotion for this business to include advertising materials, business website, and all social media.

My signature is also my personal guarantee of payment of all fees and costs associated with this activity and acceptance of all policies and procedures of Arabesque Academy of Dancing.

Parent's Signature: _____ Date: _____