



West Coast Dance Arts
To Move. To Live. To Inspire

For WCDA Only:
Registration Received Date _____ Processed _____

2021-2022 Registration Form

Parent Information

Parent Name _____
Home Address _____
Mailing Address (If Different) _____
Home Phone _____ Cell Phone _____ Other _____
Would you like to receive WCDA updates and messages via text: Yes No

Student Information

Student Name _____ Date of Birth _____
Home Address (If Different) _____
Mailing Address (If Different) _____
Cell Phone _____ Email address _____
Would you like to receive WCDA updates and messages via text: Yes No

Emergency Information

In case of an injury or emergency and we cannot reach a parent on site or by phone, please provide the following emergency information.

Allergies _____
Any special information West Coast Dance Arts should be aware of _____
Medical Provider _____
Emergency Contact #1 Name _____
Relationship to Dancer _____ Phone Number _____
Emergency Contact #2 Name _____
Relationship to Dancer _____ Phone Number _____

I, _____, Parent of _____ agree to release West Coast Dance Arts from all liability, claims, and causes of action arising from injury, damage or loss. I have disclosed all illnesses and conditions affecting my child to West Coast Dance Arts. In the case that my child may sustain an injury or medical emergency during activities relating to West Coast Dance Arts and if my child or myself cannot respond at the time of emergency, I hereby authorize West Coast Dance Arts to seek whatever first aid or medical care deemed necessary for my child's care. I agree to take full responsibility for any medical treatment. I have custody of my child and the right to make decisions for them.

Parent Signature _____ Date _____

West Coast Dance Arts Enrollment

1. Class _____ Day _____ Time _____
2. Class _____ Day _____ Time _____
3. Class _____ Day _____ Time _____
4. Class _____ Day _____ Time _____

How did you hear about us?

Flyer/ Social Media School _____ Friend _____

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West Coast Dance Arts Policies

Please initial once you have ready each policy.

_____ A Registration Fee of \$30 per single child, (or \$50 per family of 2 or more) is due upon registration. If a student is added onto a single child account, a \$20 Family Registration Fee will be added to the account. This fee is charged once per year and is non-refundable.

_____ Tuition payments will be due and processed on the 1st of the month, or the first business day of the month if the 1st falls on a weekend.

_____ All tuition will be on auto debit by credit card. Any failed Credit Card payments will be charged a \$15 late fee if not paid by the 10th of the month. Email and text notifications will be sent prior to, at time of, and at completion of payment. New Monthly statements will be sent by the 18th of the month.

_____ West Coast Dance Arts does not provide refunds on payments and does not pro-rate tuition based on studio holidays or short months unless there is no option to hold classes. In such events, email reminders will be sent.

_____ If you choose to withdraw from West Coast Dance Arts, a formal Withdrawal Form must be submitted to the front desk. Forms must be received by the 15th of the month to avoid additional charges. Verbal withdrawal to fellow staff or students is not considered a formal withdrawal and will not be accepted.

_____ Dresscode must be followed at each class. West Coast Dance Arts Dresscode is posted on our website and at the front desk for each dance group. Students have 3 classes from time of their registration to obtain their proper dresscode. Dancers who do not follow dresscode will be send an email reminder.

_____ I understand photos of my dancer may be taken during class and can be used for marketing purposes only. West Coast Dance Arts promises not to release student name or personal information without parent and dancer consent.

Payment Information

West Coast Dance Arts will upload your payment information to your parent account and will be stored for protection. West Coast Dance Arts will process monthly tuition on the 1st of the month. Any additional purchases such as retail will not be automatic transactions and parents will need to visit the front desk or email WCDA.

Name on Card _____

Address (if different than Home Address) _____

Card Number _____ Exp _____ CVV _____

Parent Signature Authorizing future payments _____

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