



This form should be completed only AFTER acceptance into the program

Summer Intensive 2010 Registration Form

Student Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address & Unit/Apt. # City State Zip Code

Home Phone: () Cell Phone: () E-mail: _____

Are you a returning student? Yes No If returning, previous placement: _____ Years of Previous Training _____

Hours a week you dance now? _____ Major training was in which disciplines? _____

Present Dance School _____ Are you on Pointe? Yes No If Yes, how long? _____

Current Academic School _____ Current Grade Level: _____ Current GPA: _____

Gender Male Female Height _____ Weight _____ Eye Color _____ Health: Poor Fair Good Excellent

Back Problems Yes No Breathing or Stamina Problems Yes No Asthma Yes No Inhaler used for dancing? Yes No

Birthdate: _____ Severe Headaches Yes No Allergies? Other Conditions? _____

Parent Information

Parent Name: _____ Parent Name: _____

Address: _____
Street Address & Unit/Apt. # City State Zip Code

E-mail 1: _____ E-mail 2: _____

Home Phone: () Cell Phone: () Alternate Phone: ()

Insurance

Health Insurance Carrier: _____ Policy #: _____

Health Carrier Address (Street, City, State, Zip) : _____

Doctor's Name: _____ Doctor's Phone #: ()

Tuition Agreement

I/We, the Parent(s)/Guardian(s) of the above named dancer request placement for the above named student in the Debbie Allen Dance Academy Summer Intensive 2010. Orientation will be on July 5, 2010, and is mandatory for all students. Parents are invited to attend. Summer Intensive classes begin **July 6, 2010** and conclude August 1, 2010. The total tuition cost for Summer Intensive 2010 is **\$1,500**. I/We understand that a non-refundable deposit of **\$500** must accompany this signed agreement and is due no later than March 6, 2010 and the balance **no later than May 6, 2010** in order to secure their participation. I/We understand tuition includes a daily lunch at the Academy, Mondays through Saturdays.

Please check that you have read and agree to the terms. Unchecked registration forms will halt the registration process.

I have read and agree to the terms of this contract.

Person Responsible for Tuition: _____ Phone #: () E-mail: _____

Housing Agreement (To be filled out ONLY if requesting housing)

I (Parent/Guardian) agree that my child, the above named dancer, will occupy housing provided by DADA July 5, 2010 to August 1, 2010. I understand my child **must check-out** of the dormitories on **August 1, 2010** no later than 10am prior to the final show and that accommodations have been made to store his/her luggage. The housing fee is **\$2,700** and includes Breakfast and Dinner, Monday through Saturday and Breakfast and Dinner on Sunday. I understand that in order to secure the aforementioned housing, I must submit a non-refundable housing deposit of **\$500.00** by February 6, 2010. The full balance must be received, no later than May 6, 2010. **A \$25 room key deposit, payable to DADA** is due upon check-in. Finally, I understand that I should address all mail and inquiries to Debbie Allen Dance Academy, Attention: Denise Harris, Registrar/Director of Student Affairs, 3791 Santa Rosalia Drive, Los Angeles, CA 90008. Her email address is deniseharris.dada@gmail.com.

I have read and agree to the terms of this contract.

Roommate Request (Name of Student you wish to room with): _____

Payment Information

Tuition Total: \$1,500	February 6, 2010	A non-refundable housing deposit is due.
Housing Total: \$2,700	March 6, 2010	A non-refundable tuition deposit is due.
	May 1, 2010	All balances must be paid in full.

Please Check Payment Option Below:

- I am sending in a check made out to "DADA" and have specified **"Tuition" or "Housing" or Both in the notes section.**
- Charge my card for a **ONE TIME** payment of \$ _____ for Tuition / Housing
- Charge my card for the amount of the deposit and keep my card on file for future payments due.

Enter Credit Card Information Below:

Name on Card: _____ Select Card Type: MasterCard American Express Visa

Card Number: _____ Expiration Date: Month _____ Year _____

Phone # of Cardholder: ()

I am authorized to use this credit card.

Additional Instructions to the Registrar's Office: _____

For Office Use Only

SI10 Level Placement: _____