

**Enrollment Form**  
**Ambition Dance & Performing Arts**  
 457 Briargate South Elgin, IL 60177 (847)841-1447

Date: \_\_\_\_\_

How did you hear about us/who referred you? \_\_\_\_\_

Registering parent responsible for payment: \_\_\_\_\_

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home phone number: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Cell phone provider: \_\_\_\_\_

Mothers name: \_\_\_\_\_ Father name: \_\_\_\_\_

Email address \_\_\_\_\_

(Please print clearly)

Previous dance experience: \_\_\_\_\_

List medical or learning disabilities: \_\_\_\_\_

Class Code	Date/Time	Teacher	Class type/Competitive class

Monthly Tuition \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Competition Tuition \$ \_\_\_\_\_

Discounts \$ \_\_\_\_\_

Private Tuition \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

June Tuition \$ \_\_\_\_\_

I understand and agree Ambition Dance and Performing Arts and it's staff will assume no responsibilities for injuries or medical expenses incurred by my child, myself or any of my family members. I have read and fully understand the rules sheet, registration and payment procedure. I also understand that there are no refunds on tuition and/or any costume payments. If you have a credit classes may be taken until tuition is used. By signing this sheet you also agree you are responsible for payment.

Signature of parent or guardian: \_\_\_\_\_