



Scarlett's Center Stage Registration Form/ Automatic Payment Consent Form

Date of Registration: _____

Parent #1: _____ Day Phone: _____ Cell: _____

Parent #2: _____ Day Phone: _____ Cell: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Email Address: _____

Student(s): _____ Date of Birth: _____ Cell: _____

_____ Date of Birth: _____ Cell: _____

_____ Date of Birth: _____ Cell: _____

Doctor's Name: _____ Phone: _____

Allergies/Medical Problems/Disabilities: _____

Emergency Contacts (Other than Parents):

Name: _____ Relationship: _____ Daytime Phone: _____

Name: _____ Relationship: _____ Daytime Phone: _____

**How did you hear about Scarlett's Center Stage Dance Studio? _____

AUOTPAY

Method of Payment: ☐ Visa ☐ Mastercard

Cardholder's Name: _____

Card Number: _____ Exp. Date: _____ Security Code: _____

Billing Address (If different from above):

Address: _____ City: _____ State: _____ Billing Zip: _____

I hereby authorize Scarlett's Center Stage to charge my account in the amount of \$_____ on the _____ day of each month for the duration of my _____ month contract starting _____ and ending _____. I also authorize all recital expenses to be charged to the above account. I will give the school office one months written notice from the first of the month to discontinue these charges. // I have read and understand the school policies on back and agree to abide by them. **I understand there will be no refunds or pro-rated payments.**

X _____
Signature

Date

FOR OFFICE USE ONLY

Classes

Child: _____ Day: _____ Time: _____

Child: _____ Day: _____ Time: _____

Child: _____ Day: _____ Time: _____

MUSIC: _____ Day: _____ Time: _____

CD	<input type="checkbox"/>
CB	<input type="checkbox"/>
RF	<input type="checkbox"/>

First Payment: _____