



**Automatic Payment Agreement**

Please pay and charge all drafts by Dawson Dance Academy, INC to its own order on each month in the amount of \$ \_\_\_\_\_, beginning October 1, 2019.

This authorization will remain in effect until April 2, 2020 or until cancelled by me in writing per DDA Drop form. I agree that your treatment of each draft, and your rights in respect to it, shall be the same as if it were personally signed by myself.

I UNDERSTAND ALL NON-WORKING ACCOUNTS SUCH AS DECLINED PAYMENTS, FOR ANY REASON, AUTOMATICALLY DEFAULT TO AN ADDITIONAL BILLING FEE OF \$20 PER MONTH. (Initial)

DDA has my permission to charge my credit card for products and services throughout the school year with my verbal or written permission.  (Initial)

DATE \_\_\_\_\_  
STUDENT NAME \_\_\_\_\_

Please Circle - Visa MasterCard Discover American Express

Account/Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ 3 Digit Security Code \_\_\_\_\_

Billing zip code \_\_\_\_\_

Cardholder's Name (*as it reads on the card*)

\_\_\_\_\_

Cardholder's Signature

\_\_\_\_\_





Date \_\_\_\_\_

Student's Legal Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone # \_\_\_\_\_ Parent's Cell # \_\_\_\_\_

Parent's Names \_\_\_\_\_ Child has special needs? \_\_\_\_\_

In Case of Emergency (*other than parent*) Contact Name \_\_\_\_\_ Phone# \_\_\_\_\_

Email Address (*will not be released outside of DDA*) \_\_\_\_\_

Grade in School \_\_\_\_\_ School Name \_\_\_\_\_

Dancer's Health Insurance Name \_\_\_\_\_

Policy # \_\_\_\_\_ Ins. Phone # \_\_\_\_\_

Previous Dance / Acting / Acrobatics Training - # of Years \_\_\_\_\_ Studio Name \_\_\_\_\_

How did you hear about us? (*Please place a check on the line that applies*)

- Returning Student \_\_\_\_\_
- Flyer \_\_\_\_\_
- Friend \_\_\_\_\_ Who can we thank for your referral? \_\_\_\_\_
- Internet Search \_\_\_\_\_
- Social Media \_\_\_\_\_
- Other \_\_\_\_\_

Classes Chosen For This School Year \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Registration Fee (*due once a year*) \$ \_\_\_\_\_**

**First Month Tuition - September 2019 (*non-refundable*) \$ \_\_\_\_\_**

**Last Month Tuition - May 2020 (*non-refundable*) \$ \_\_\_\_\_**

**Required Uniform Total \$ \_\_\_\_\_**

**Total Amount Due \$ \_\_\_\_\_ *Cash, Check or Credit Card***

I hereby acknowledge in consideration of my child's participation in the Dawson Dance and Theatre Academy's program that Jennifer Dawson-Waz, the studio, and it's instructor's will not be held liable for ANY injuries sustained on the studio's premise or premise of the end of the year recital. Furthermore, I hereby waive and release any claims for damages including injury to my child, myself, or family members from any act or failure to act by DDA and its representatives. I understand any deposits or payments I make to DDA are non-refundable.

**Legal Guardian or Student Signature (*over 18 years old*) \_\_\_\_\_ Date \_\_\_\_\_**