Registration Date_	
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Lyrical: Int _____ Adv ____

Registration Fees
New Student \$55
Returning Student \$50

Turning Pointe Dance Theatre 2025-2026 Class Registration Form

Student Name	DOB	Age		
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Address City State Zip	Email (Parent)			
Mother's Name				
Father's Name	Cell Phone			
Emergency Contact	Phone Number			
School	Grade Years of	Dance		
How did you hear about us? Friend Socia	l Media Other			
Agreement to Pa	ay Fees and Waiver of Liability			
I understand and agree to abide by the following:				
Tuition is payable monthly by the 1 st of each month. A	late fee of \$25.00 will be applied to	all accounts not paid by the 7th		
of each month. <i>Turning Pointe Dance Theatre</i> accepts of		• • •		
by the 5th of the month to avoid a \$25.00 late fee. If pa				
will not be able to continue in class until payment has h				
The Registration Fee is for one year, including summer	•	_		
fee each dance year. Occasionally, there are 5 weeks in a month, and <i>Turning Pointe Dance Theatre</i> reserves the right to				
designate any 5th week in a calendar month as regular of	class time to offset established Holid	ays (Thanksgiving, Christmas,		
Spring Break, etc.). December is a full month of tuition				
or family vacation, full tuition is still required. If there is				
class reservation will be forfeited, and a new registration	on fee will be required to rejoin the o	class. There are NO PRORATED		
MONTHS during the year, and there are NO REFUNDS.	\$35.00 cash, plus cash replacement	, will be expected for all		
returned checks. I have read the above statement and	agree to all terms(Initial). Tu	nderstand that dance can be a		
vigorous physical activity, and that I have the right to w	rithdraw my child from any activity tl	nat I consider to be beyond my		
child's capabilities. I also agree to hold harmless the sta	aff of Turning Pointe Dance Theatre f	or all injuries that may occur as		
a result of my child's participation in the program. Turn	ning Pointe Dance Theatre assumes i	no responsibility for any		
accident or injury that may occur. In addition, my child	has no medical disabilities that may	interfere with her participation		
in the program. I have read the above statement and	agree to all the terms stated(I	nitial).		
Parent Signature	Print Name	Date		
Please list all classes the student will take. If taking Ly	rical, a Ballet class is required for to	echnique/terminology		
<mark>purposes.</mark>				
Ballet: Beg & Tap Int Ballet A Int Ballet E	3			
Adv Ballet Pointe Adv Ballet Tech				
Tap: Tap A	v			

Note: For all classes offered, see the 2025-2026 Fall Class Schedule