



NORTH ATLANTA DANCE ACADEMY, INC.



10700 STATE BRIDGE ROAD, JOHNS CREEK, GA 30022

Phone (770)772-8000 • northatlantad658@bellsouth.net • northatlantadance.com

2021 SUMMER SESSION • REGISTRATION

LAST _____ FIRST (mother) _____ FIRST (father) _____

PHONE -H () _____ W or Cell (mother) _____ W or Cell (father) _____

ADDRESS _____ APT _____

CITY _____ STATE _____ ZIP _____ EMAIL _____

STUDENT INFORMATION

NAME---LAST _____ FIRST _____ M.I. _____

BIRTHDATE _____ AGE _____ NUMBER OF YEARS OF DANCE TRAINING _____

PRE-PROFESSIONAL INTENSIVES

June - \$945, deposit \$300

July - \$945, deposit \$300

WEEKLY

One week - \$295

Second week - \$275

Additional weeks - \$255
Deposit - \$100 per week

MUSICAL THEATER

June 21-25 - \$295, deposit \$100
(Into the Woods Jr.)

July 12-16 - \$295, deposit \$100
(Hamilton)

PRE-BALLET

\$185 per week
Deposit - \$100 per week

June 7-11 July 12-16

June 14-18 July 19-23

June 21-25 July 26-30

Payment

Deposit Amt. # Weeks _____ () Balance Due _____

Chk # _____

Charge - Visa _____ Mastercard _____ AmerXpres _____

Account # _____ Exp _____

I understand that there is no waiver, discount, refund or credit for withdrawal, termination, illness or missed classes.

No liability is assumed by North Atlanta Dance Academy Inc. for accidents caused by acts of person or persons on the premises in the capacity of student, account holder, parent, guardian or guest. Person hereinafter signing contract on behalf of registering student assumes responsibility for actions of said student.

My child (Under 18 Years of age) has permission to participate in dance classes and all other functions as a student duly registered in the North Atlanta Dance Academy Inc. My child is in good health and has my physician's approval to participate. I understand I am responsible for dropping off and promptly picking up my child at the end of his/her class. I understand that my child will not be supervised outside of the classroom, therefore North Atlanta Dance Academy will not be held responsible for my child's welfare.

Date _____ Adult Student, Parent or Guardian _____