KinderCare® of Miami Lakes

and Miami Dancity Studios

Introduces…

JAZZ IT UP!

Dancer Registration Form Date: _____

Dancer Information

Dancer's Name: _____

Age: _____ Birth Date: _____/_____/_____

Home Address: _____

Street Address Apartment/Unit #

_____

City State Zip Code

Parent Information

Mother's Name: _____ Cell Phone Number: _____

Mother's Email Address: _____

Father's Name: _____ Cell Phone Number: _____

Father's Email Address: _____

Emergency Contact

Emergency Contact: _____

Relationship: _____ Phone Number: _____

_____ (Initials) I have read and agree with all of the "Rules and Regulations" presented by Miami Dancity Studios, Inc. and am fully aware of my responsibilities as the Parent/Guardian of the above named dancer.

Liability waiver physical activity is not without risk. Even when all the rules and proper supervision are followed, injuries, and accidents can occur. That's the nature of physical activity and life. The activities to be conducted by Miami Dancity Studios assume children are in good health and are capable of conducting physical activities. Please keep in mind that all children develop at different rates and caretakers and/or parents should be aware of these issues on an individual basis. Miami Dancity Studio and Kiddie Academy© of Miami Lakes has made the best effort to produce a safe, fun, and high quality service, and neither makes no presentation or warranties of any kind with regards to safety of the program.

_____ _____

Parent Signature Date

Miami DANCITY Studios

14022 NW 82 Avenue ◊ Miami Lakes, FL 33016 ◊ 305.821.2027

Payment Authorization Form

I authorize Miami Dancity Studios, Inc., to charge my method of payment by the 1st of every month for the amount shown for services or programs as noted below until I terminate that authorization in writing by the 25th of the previous month.

Dancer's Name: _____

Parent's Name: _____

Name on Account (if not the same as above): _____

Billing Address: _____
Street Address Apartment/Unit #

_____
City State Zip Code

Parent's Phone: _____

Parent's Email Address: _____

Amount to be withdrawn per month: *$ _____

**Amount subject to change due to the amount of classes your dancer takes per month.*
Should your payment be declined, we will notify you via email.

PLEASE SELECT ONE OF THE FOLLOWING OPTIONS:

Bank Account Number: _____ Consumer ☐ Checking ☐ Savings

Routing Number: _____ Business ☐ Checking ☐ Savings

****Debit/Credit Card Type:** ☐ Visa ☐ Master Card ☐ Discover ☐ American Express

Credit Card Number: _____

Expiration Date: (MM/YY) _____/_____ **Security Code (CVV):** _____

**Any payments made with a debit/credit card will be charged an additional 3.5% processing fee of the total amount due.

I agree and understand that I am responsible for any additional fees associated with my payment if it is ever to be declined or rejected.

_____ _____

Authorized Signature Date