



2007-2008 Registration Form

2732 Graves Dr., Goldsboro, NC 27534
311 East Main St., Beulaville, NC 28518

Phone: 919-778-5098
Phone: 910-298-5110

www.astepofclass.com
asoc@esn.net

Ballet ____ Pointe' ____ Tap ____ Jazz ____ Tumbling ____
Lyrical ____ Modern ____ Clogging ____ Hip Hop ____
Mommy & Me (1-2) ____ Tots (2-3) ____ Kinderdance 1 (3-4) ____ Kinderdance 2 (5-6) ____ Kinderdance 3 (5-6) ____

Student's Name: _____

Date of Birth: _____ Age _____ Grade _____

Parents Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Mom's Work : _____ Dad's Work: _____

E-mail Address: _____

Emergency Contact: _____

Learning Disabilities or Health Problems _____

Location (Please Circle): Beulaville Goldsboro

Previous Dance Training: # of Years _____ Where: _____

How did you hear about A Step of Class _____

A yearly non-refundable registration fee of \$25.00 will be charged to all students, please submit with registration form.

Mailing Address: A Step of Class, PO Box 11450, Goldsboro, NC 27532

Please read and sign the back of this form.

Payment options: Cash Check Credit Card Electronic Funds Transfer (please see office for a form)

Office use only: Date Enrolled _____

Student Number _____

Siblings Enrolled _____

Rules of the studio:

Tuition is due the 1st of each month, a \$10.00 late fee will be charged to all accounts not paid by the 10th of the month.
For your convenience we offer a credit card authorization form or EFT. (See office for details)

No food, drinks, or gum will be allowed in any areas except the snack room.

No pets allowed in the building, this protects those children with severe allergies.

No street shoes will be allowed on the dance floor.

Once costumes are paid, there are no refunds or credits for any reason.

I, _____, the parent or guardian of _____, a minor child, do hereby consent for he/she to receive training in dance and/or tumbling at A Step of Class. The undersigned parent understands and acknowledges that dance is a physical activity and may result in personal injury. ASOC will take all precautions to try and prevent such a happening. However, in consideration for the training of my minor child in dance and/or tumbling, the undersigned parent will not hold ASOC and its entire staff responsible for any and all claims, damages and expenses arising out of personal injury that may be sustained by my minor child while engaged in dance and/or tumbling at A Step of Class. Thank you for your cooperation regarding our policies.

I have read and do understand the above policies of A Step of Class.

Parent/Guardian Signature _____