



10857 N. Saginaw Blvd.  
Saginaw, TX 76179

# Jo Bonds Dance Studios, Inc.

Phone (817) 306-5652  
Cell (817) 308-8969

email: jbd\_s\_danceranch@yahoo.com  
www.jobondsdance.com

*Student Registration Form*

*Dance Year* \_\_\_\_\_

**Student's Name** \_\_\_\_\_ **Age** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Parents' Names** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

**Previous Dance Training** \_\_\_\_\_

### *Tuition*

Please indicate the method of payment by placing your initials on the line by the option elected.

**ONE PAYMENT PLAN** \_\_\_\_\_

By electing this plan, I understand that my payment for the current session is paid in full by September 15.

**TWO PAYMENT PLAN** \_\_\_\_\_

By electing this plan, I understand that my payment for the current session is payable in two payments, the first no later than September 15 and the second paid on or between January 15 and January 31.

**SEVEN PAYMENT PLAN** \_\_\_\_\_

By electing this plan, I understand that my payment for the current session is payable in equal monthly payments plus 5% commencing September and including April 1. No payment is made in December and May.

I understand that no portion of such fees so paid or outstanding will be refunded or canceled withstanding the absence, withdrawal, or dismissal of the above student.

In submitting the above registration form to Jo Bonds Dance Studios, Inc., I agree to pay the required charges as specified, and I agree that students will be responsible for adhering to the rules of the studio as presented by the studio.

**PARENTS SIGNATURE** \_\_\_\_\_