

Dance Express Enrollment Form (Year-Round)

To secure your child's spot simply return completed form along with a \$50 check to "Kidz Educational Dance Express" (1st month payment and registration fee). All subsequent payments will be \$30 and come out electronically using the banking information provided.

CHILD CARE FACILITY: _____ DATE: _____ DIRECTOR _____

STUDENT NAME: _____ AGE: _____ Room# _____

PARENT NAME: _____ STUDENT GENDER: BOY or GIRL

PARENTS PHONE: _____ EMAIL: _____

Parent Signature _____ *(I have read and understand all policies)

PLEASE INDICATE T-SHIRT SIZE: Child X-small, Child Small, Child Medium, Child Large (Included with \$20.00 registration fee)

Payment Information: I authorize Dance Express to withdraw \$30 on the 10th of each month through my:

____ Checking ____ Savings account using the following: Routing#: _____ Account#: _____

***By signing form, I give my child permission to enroll in Kidz Educational Dance Express & for electronic payment authorization.**

Sports Express Enrollment Form (Year-Round)

To secure your child's spot simply return completed form along with a \$30 check to "Kidz Educational Sports Express" (1st month payment). All subsequent monthly payments will be \$30 and come out electronically using the banking information provided.

CHILD CARE FACILITY: _____ DATE: _____ DIRECTOR _____

STUDENT NAME: _____ AGE: _____ Room# _____

PARENT NAME: _____ STUDENT GENDER: BOY or GIRL

PARENTS PHONE: _____ EMAIL: _____

Parent Signature _____ *(I have read and understand all policies)

Payment Information: I authorize Sports Express to withdraw \$30 on the 10th of each month through my:

____ Checking ____ Savings account using the following: Routing#: _____ Account#: _____

***By signing form, I give my child permission to enroll in Kidz Educational Sports Express & for electronic payment authorization.**

Summer Clinic Enrollment Form (Summer Only) Print the completed form below and return to your child care center to secure your child's spot! Include a check to "Kidz Educational Dance Express" Dance ____ Cheer ____ Sports ____

CHILD CARE FACILITY: _____ DATE: _____ DIRECTOR _____

STUDENT NAME: _____ AGE: _____ Room# _____

PARENT NAME: _____ STUDENT GENDER: BOY or GIRL

PARENTS PHONE: _____ EMAIL: _____

Parent Signature _____ *(I have read and understand all policies)

Price of Summer Clinic....See Child Care Facility (Current Sports Express and Dance Express do not need to re-enroll for summer)