



2024-2025 Registration Form

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STUDENT INFORMATION					
FIRST & LAST NAME		AGE ON 9/1/24	DATE OF BIRTH		
ADDRESS			CITY	STATE	ZIP
SCHOOL NAME FALL 2024		GRADE FALL 2024		YEARS OF DANCE	
STUDENT CELL PHONE #		STUDENT EMAIL			
ANY MEDICAL CONDITIONS					
PARENT/GUARDIAN INFORMATION					
NAME(S)					
CELL PHONE #			2 ND CELL PHONE #		
EMAIL			2 ND EMAIL		
CLASS REGISTRATION					
CLASS NAME	DAY	START & END TIMES	CLASS NAME	DAY	START & END TIMES
PAYMENT					
<i>We accept Visa, MasterCard, Discover, and Amex.</i> Name on Card: _____ Card Number: _____ Exp. Date: ____/____ CVV: _____ Zip: _____			Registration Fee \$ _____ September Tuition* \$ _____ TOTAL DUE \$ _____ <small>*Or you can prepay tuition for the entire year by check & get 5% off.</small>		

By signing below, I agree that Immersion Dance Center and its employees are not liable for any harm, theft, illness, or injuries that may occur; I am fully responsible for this risk on behalf of my child. I grant permission to Immersion Dance Center and its employees to take photographs or videos of my child to use on their website, social media, and any form of promotion. My child and I have read Immersion Dance Center's policies, and my child and I will adhere to them. I understand Immersion Dance Center's classes require a 9-month commitment (August 26th thru the recital June 4th-7th), and I agree to the withdrawal policy.

PARENT/GUARDIAN SIGNATURE _____

DATE _____

Thank you for choosing Immersion Dance Center for your child's dance education!