

Rennae's School of Dance & Acrobatics 2025 - 2026

Registration Form
1819 N 203rd St Elkhorn, NE 68022

Student Information

Student #1 _____ Age _____ Date of Birth _____ Grade in School _____

Student #2 _____ Age _____ Date of Birth _____ Grade in School _____

Student #3 _____ Age _____ Date of Birth _____ Grade in School _____

School and School District _____

Please advise us of any medical conditions that may affect the student's participation:

Parent Information

Parents Names _____

Phone: Parent 1 _____ Parent 2 _____

Workplace: Parent 1 _____ Parent 2 _____

Billing Address (Street, City, State & Zip) _____

If child does not live full time with both parents, please list schedule:

Communication

Email will be the main form of communication. Please list the emails you wish to receive newsletters, invoices, and updates to:

email: _____ alternate email: _____

If new to RSDA, how did you hear about the studio? If through a friend or current student, please name:

See Discount Example below if 1 or more classes taken or 2 or more students. An additional example can be found in the Enrollment Newsletter.

Student #1					Student #2					Student #3				
Day	Time	Studio	Class Cost	Costume Fee	Day	Time	Studio	Class Cost	Costume Fee	Day	Time	Studio	Class Cost	Costume Fee
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Totals			_____	_____	Totals			_____	_____	Totals			_____	_____

Class Instruction Total = Student #1 \$ _____ + Student #2 \$ _____ + Student #3 \$ _____ = \$ _____

Costume Total = Student #1 \$ _____ + Student #2 \$ _____ + Student #3 \$ _____ = \$ _____

Family Registration Fee \$ _____

Preferred Payment Plan (please check one)

____ Monthly ____ Quarterly (**3 Months**) ____ Yearly (**9 Months-Sept through May**)

***Note June's tuition is not included in this and will be billed on all payment plans in April or May when recital date is confirmed.**

Monthly Total Tuition = \$ _____ + \$ _____ = \$ _____
(Instruction) (Costumes) (Total)

Quarterly Total Tuition = \$ _____ - \$ _____ + \$ _____ = \$ _____
(Instruction) (5% Discount) (Costumes) (Total)

Yearly Total Tuition = \$ _____ - \$ _____ + \$ _____ = \$ _____
(Instruction) (10% Discount) (Costumes) (Total)

Total Due Upon Enrollment = Total Tuition \$ _____ + Family Registration Fee \$ _____ = \$ _____

REMINDERS: Payments must be received by the deadlines specified in the Enrollment Newsletter in order to qualify for quarterly or yearly discounts. ALL TUITION IS NON-REFUNDABLE.

Discount Example:

Student #1	Student #2
1 hr class \$65.00	1 hr class \$65.00
1 hr class \$58.50	
1 hr class \$58.50	
Total #1	\$182.00
+ #2	\$ 65.00
	\$247.00 monthly instruction
	x 3
	\$741.00
Less 5% -	\$ 37.05
	\$703.95 quarterly instruction

Policy Acceptance

My dancer(s) and I have read and agree to adhere to all information and guidelines set forth in the fall enrollment letter including Class Placement, Tuition & Payment information, Dress Code, Calendar Dates, Missed Classes, and Behavior.

Signature of Parent or Guardian _____ Date _____

Agreement for Participation

I understand that dance classes may include, without limitation, dancing with props, stretching, barre work, across the floor combinations, dance routines in the center, jumps and other related activities. I further understand that all of the activities of the dance class involve some degree of risk of strain or bodily injury. **Rennae's School of Dance & Acrobatics** is not responsible for personal injury or lost personal property.

Signature of Parent or Guardian _____ Date _____