

The Charleston Ballroom

312 Callow Ave N. Bremerton WA 98312

(360) 373-2205

Class Enrollment 2009

Student Name _____

Parent Name _____

Address _____

Phone _____

Work No. _____

E-Mail _____

Classes: _____

Tuition Policy: Payment is due the first day of the month. Only cash or checks are accepted at this time. If there are snow days, make-up classes will be arranged. A two week notice is required if a student intends to drop out of a class. Missed classes will not be refunded or deducted from tuition.

I and/or my child agree to participate in the Charleston Ballroom dance program and hereby release its owners and instructors from liability for any injury I or my child may suffer as a result of participation in the program. I give permission for my child to receive medical treatment in an emergency. I agree that photos of my child may be used on The Charleston Ballroom websites, brochures and displays. I have read and accepted the Tuition Payment Policy.

Signature _____ Date _____