Debra Franco Preparatory School of Dance
3420 Wisconsin Avenue
Vicksburg Mississippi 39180
601-638- 7282

Registration Date:_____
Account No:_____

Billing Name _____
Address _____
City _____State _____ Zip/Postal _____
Home Phone _____
Email _____
Parent _____ Home Phone _____
Employer _____ Work Phone _____
Cell Phone _____
Emergency Contacts _____ Phone _____
_____ Phone _____

Students Name _____
Address _____
City _____ State _____ Zip/Postal_____
Birthdate _____
School _____ Grade _____
Email _____ Student Phone _____
Medical Info _____
Previous Training: _____
_____

CLASSES

Name	Level	Room	Day	Time	Tuition

Tuition Total _____
Signature: _____ Date:_____
Registration Fee ($40.00) and first month tuition must accompany this form. Please make checks payable to Debra Franco Preparatory School of Dance
THANKS SO MUCH FOR REGISTERING WITH OUR STUDIO!!

DO NOT WRITE BELOW THIS LINE_____

Date Received _____ Amount Received_____

Registration for new students for dance year 2026-2027

By signing below, I/We acknowledge that I/We have read and understand and will abide by the payment policy of Debra Franco Preparatory School of Dance and have also read and understand the releases stated herein.

I/We understand that the dance year at Debra Franco Preparatory School of Dance is organized on a monthly basis schedule, August through May. The management of Debra Franco Preparatory School of Dance anticipates that each student will complete the dance year. The parents/legal guardians of a student who begins a dance semester, but does not complete that semester, will be responsible for that months fees.

I/We understand the monthly fee per child is due on the 7th of each month. This will be automatically drafted using information provided below. If draft is returned for any reason, a NSF fee of $40.00 will be charged. The failure to pay for lessons by the 15th will result in an additional $15.00 late fee. Non-payment of fees may result in the dismissal of the student from class and will prevent a student from participating in the recital. Tuition fees remain the same whether it is a long month (5 weeks) or a short month (3 weeks). Absences do not change, alter or lower monthly tuition.

I/We understand there is a $17.00 deposit per costume due each month, September through January, with the balance of costume fee due in February. Costume deposit can be paid upfront instead of monthly. If not paid upfront, this fee is included in the draft of monthly tuition on the 1st of each month and is subject to the same standards. COSTUMES WILL NOT BE ORDERED IF FEES ARE NOT PAID UP TO DATE.

I/We understand there will be an additional fee for participation in the Christmas Show and the Recital. Christmas show is optional, however we would like for everyone to participate. Christmas show participation fee covers rental of costumes and stage. Recital Fee covers rental of stage, 1 program book per family, student t-shirt, and 2 tickets. Admission Fee is required for all other tickets.

I/We understand Debra Franco Preparatory School of Dance, its owners, employees or agents are not responsible for any jewelry, clothing, or valuables left at the studio cannot be held liable.

I/We do give consent to Debra Franco Preparatory School of Dance to have the right to use any picturestaken of myself or my child for publicity, advertising, Facebook, etc.

Student: _____

Parents Signature:_____

Auto Draft Information

Account Name: _____
Routing Number: _____
Account Number: _____

Medical Release

I, _____ the undersigned parent/legal guardian of _____, a student of Debra Franco Preparatory School of Dance, agree not to hold Debra Franco of Debra Franco Preparatory School of Dance liable for any injury, which our child/children may incur while participating in any activity under the supervision of Debra Franco Preparatory School of Dance, its employees and/or assigns.

TO WHOM IT MAY CONCERN:
While our child/children are participating in this activity, we agree to allow Debra Franco, individually, or an employee of Debra Franco Preparatory School of Dance to sign all medical forms necessary for any medical treatment, which might be required, should our child/children be injured. This agreement and release is signed this day and is binding upon the signees, their heirs, executors and assigns.

Student: _____
Parents Signature: _____
Owner: Debra Franco _____

PLEASE USE THIS REQUIRED INFORMATION:

Family Doctor and Phone Number_____
Insurance Company_____
Policy Number_____
Allergies _____
Medical Information:_____
_____

Person/s name and phone numbers to contact in case parents cannot be reached at home, at work, or by Cell:
_____

_____