



REGISTRATION FORM FOR THE 2025-2026 SCHOOL YEAR

Director: Jesse Powers powersdancestudio@gmail.com

2456 N. Cedar Street Holt, MI 48842 Tel: 517-694-7667

powersdance.com

Venmo: @Powers-Dance-1

Personal Information

Student's Name _____ Age _____ Birthdate _____

Name of Parent or Guardians Legal Signature: _____

Address _____ City _____ Zip _____

Home-Phone# _____ Cell-Phone# _____ Email _____

Students Cell# _____ Email _____

Your Classes

Class _____ Day _____ Time _____ Tuition _____ Discount _____ Total _____

Class _____ Day _____ Time _____ Tuition _____ Discount _____ Total _____

Class _____ Day _____ Time _____ Tuition _____ Discount _____ Total _____

Class _____ Day _____ Time _____ Tuition _____ Discount _____ Total _____

Class _____ Day _____ Time _____ Tuition _____ Discount _____ Total _____

Date: _____ Parent/Guardian Signature: _____

Choose Payment Option- Check, Cash, Credit Card, Auto Payment Per Term, Pay Year-in-Full w/5% Disc.

Paid Check # _____ Paid Cash _____ Paid MC _____ Visa _____ Authorizaton # _____

Tuition Total: _____ Balance Due: _____ Balance Paid: _____

Auto Pay by ☐ MC ☐ VISA Card # _____ Exp: _____ Sec. Code _____

I hereby authorize Powers Dance to charge my account the quarterly term tuition stated above on the beginning date of the term. I will give the office one month written notice to discontinue these charges.

Billing Signature: _____

Costume Deposit Balance due (if any) week of April 7th, 2025

\$60.00 total x _____ classes = _____

I understand that tuition must be paid-in-full on time to receive the discounts. There is also a \$5.00 late fee after the 10th day of the term, and an additional \$10.00 per month after the 2nd month. There is a \$35.00 NSF Fee on any cancelled or returned checks. There is an additional 3% charge on all credit card transactions. We require a credit card to be kept on file that will be charged in the event of unpaid tuition past 30 days.



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Student(s) Name(s): _____

Parents Addresses: _____

Mom or Dad if different than above: _____

Place of Employment - One or both if responsible for contributing to tuition payments

Please include full name

Mother: _____ Job Title: _____

Name of business: _____

Address: _____

Phone: _____ E-mail: _____

Father: _____ Job Title: _____

Name of business: _____

Address: _____

Phone: _____ E-mail: _____

Driver's License

Credit Card if auto-billing is selected.

Parent signature: _____ Date: _____

Must be completed and on file at the time of registration.