



Hayiya Dance Theatre

“Setting The Standard For Excellence”

PARENT / STUDENT CONTRACT

Please return this form with your registration fee and first month's tuition.

Student's Name _____

Male/Female Birth date _____ Age by Sept. 1st _____ Email address _____

Parent or Guardian with whom student lives _____

Address (Please Include Zip Code) _____

Home phone # _____ Work # _____ Cell/Pager/Other # _____

Name of other Parent or Person responsible for or sharing responsibility for student's participation financially, transportation-wise, or otherwise _____

Their address if different _____

Their home phone # _____ Work # _____ Cell/Pager/Other # _____

School student attends _____ Grade this fall _____

CLASS REGISTRATION INFORMATION

Class enrollment:	Class Name	Day(s)	Time
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND THE POLICIES OF HAYIYA DANCE THEATRE AS STATED ON THE POLICIES PAGE, AND I AGREE TO THEIR TERMS.

Payer's Signature: _____ Date _____

Student's Signature: _____ Date _____
(12 yrs. – 18 yrs.)

FOR OFFICE USE ONLY

Monthly / Bi-Monthly / Semester Tuition Fee _____ Total collected today _____

Staff Signature _____ CASH / MONEY ORDER / DEBIT / CREDIT