



Thank you for choosing Studio VIA for your child’s dance education! We are so excited you will be joining us for our 15th season. Please fill out the form below to register for the 2024 - 2025 dance season. Even if you have been a registered client in the previous season, fill out the form in full, as we use their form to update our database and mailing lists. A \$50.00 registration fee is due at the time of registration. The registration fee will provide your child with a Studio VIA leotard/tights or men's shirt/pants on the first day of class. Children will be sized for uniforms at their first class!

Primary Account Contact (Parent/Guardian):

Name (First & Last) _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____
 Email address: _____

Secondary Contact:

Name (First & Last) _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____
 Email address: _____

Student #1 Information

Name (First & Last) _____
 Birthdate: _____ Age: _____ Grade Entering: _____

	LEVEL	DAY/TIME	HOURS/WEEK	FULL YEAR TUITION	COSTUME FEE
	Level 1	Wednesdays 9:15am	0.75	\$300	\$85
	Level 1	Wednesday 10:00am	0.75	\$300	\$85
	Level 2	Saturday 8:15am	1	\$400	\$170



RECURRING CREDIT CARD PAYMENT AUTHORIZATION
(Optional for all payment plans)

You authorize regularly scheduled charges to your credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be provided to you and the charge will appear on your credit card statement. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

I _____ authorize VIA Wellness, LLC to charge my
(Cardholder's Name)

Credit Card indicated below for the registered payment plan:

- _____ Monthly: the first day of each month (September 2024 - May 2025)
- _____ Semi-Annually: Dec 1 and March 1st
- _____ Annual: Full amount at time of registration

Billing Information

Name (First & Last) _____

Address: _____

City: _____ State: _____ Zip: _____

Card Details

Visa MasterCard

Cardholder Name _____

Account/CC Number _____

Expiration Date _____ / _____ CVV _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify VIA Wellness in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I acknowledge that the origination of Credit Card transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this Credit Card and will not dispute these scheduled transactions; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____ DATE _____
(Cardholder's Signature)