## New Dimensions Dance Academy, Inc.

## Class Add/ Drop Form



Dancer Name:		Today	Today's Date: Phone #:	
Parent Name:		Phone		
	•	by the 20th of the I	n charges for the next month and future months until th	
ADD:				
Please add the foll	owing class(es) to my	child's schedule		
1. Day:	Time:	Class:	Instructor:	
2. Day:	Time:	Class:	Instructor:	
3. Day:	Time:	Class:	Instructor:	
4. Day:	Time:	Class:	Instructor:	
DROP:				
Please remove the	e following class(es) to	my child's schedule		
5. Day:	Time:	Class:	Instructor:	
6. Day:	Time:	Class:	Instructor:	
7. Day:	Time:	Class:	Instructor:	
8. Day:	Time:	Class:	Instructor:	
also aware that tu		for all tuition and fees ass o date are non-refundable	sessed up until the first of the next payable month. I am and non-transferable.	
Parent/Guardian Signature			Date signed	
		For Office Us	e Only	
Date Received:		Initials:	Change(es) executed:	