



2025/2026 Registration

Student's Name:

Date of Birth:

Student's School:

Grade (fall 2025):

Student's siblings enrolled in DCSP:

PARENT(S) / GUARDIAN(S) INFORMATION

Parent(s) Name:

Address:

City/State/Zip:

Best Phone Number:

Alternate Phone Number:

Bill will be sent via Email:

In case of emergency and I am not available, please contact:

Name:

Phone Number:

MEDICAL CONDITIONS/CONCERNS

Please share any information that may help us better serve your child::

CLASS REGISTRATION (please use the codes below to complete this section.)

Classes: Ballet/Tap (B/T); Ballet/Tap/Jazz (B/T/J); Hip Hop (HH); Cecchetti (C); Pointe (P); Lyrical (L); Modern (M)

CLASS	DAY	TIME	STUDIO	START DATE	MO.TUITION
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Please tell us how you heard of DCSP:

I grant permission for my dancer's photo to be used in marketing The Dance Center of Severna Park and the Severna Park Community Center.

Parent or Legal Guardian _____ Date

I acknowledge I am financially responsible for all payments of the Monthly Tuition and Additional Fees for The Dance Center of Severna Park. I further acknowledge that I have read, understand, and will follow The Dance Center of Severna Park policies (see reverse) and agree to release and discharge The Dance Center of Severna Park, its employees and agents from responsibility for any injuries sustained or aggravated as a result from participation in The Dance Center of Severna Park activities. By registering online, I am authorizing The Dance Center of Severna Park and The Severna Park Community Center to automatically debit my card each month for payments.

Financially Responsible Party _____ Date

OFFICE USE ONLY	Date Received _____	Received by _____	Date Entered _____	Entered by _____
	Date Changed _____	Changed by _____		
Sept _____	Oct _____	Nov _____	Dec _____	Jan _____
	Feb _____	Mar _____	Apr _____	May _____
				June _____

2025 / 2026 Dance Program
The Dance Center of Severna Park
Automatic Monthly Credit Card Recurring Payment Authorization Form




Student's Name: _____

Monthly tuition payments \$ _____ (9/1/2025 – 6/1/2026) charged on the first of each month.

Additional charges: _____

I agree that the above stated fees may be charged to the credit card listed below (or on file) on the specified dates.

Signature: _____

Credit Card Type: ☐  ☐  ☐ 

Name on Card: _____

Address: _____ State: _____ Zip: _____

Credit Card #: _____

Authorization (CVV) Code: _____ Expiration Date: _____

This information will be stored in a secure, offsite database file. All credit card details will be eliminated from the DSCP/SPCC internal files once entered.

Office use only: Received by/Date: _____ Entered by/Date: _____

THE DANCE CENTER at SEVERNA PARK COMMUNITY CENTER | 623 Baltimore-Annapolis Blvd | Severna Park, MD 21146 | 410-999-5807
<https://www.spcommunitycenter.org/programs-events/dance/> email: kgreer@spcommunitycenter.org