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FALL Student Registration Form

Student Information

Student's Name: _____ DOB (MM/DD/YYYY): _____
 Mailing Address: _____
 Primary Phone: _____ Phone (2): _____
 Name of Person responsible for paying fees: _____
 Billing Email Address: _____
 Billing Phone # _____

Legal Release and Policy Acceptance (please initial)

___ I/we understand the Studio Policies ___ I/we understand my billing obligations
 ___ I/we understand the risks related to dance ___ I/we understand the schedule
 ___ I/we understand the dress code ___ I/we understand my responsibilities for my property
 ___ I/we give media use rights permission ___ I/we understand the attendance policy

 Signature / Responsible Party Date

Classes

Class Name	Meeting Date(s) / Time	Fees / Minutes

Registration Fee: _____\$40_____ Tuition: _____

Total Owed: _____

Medical

Allergies:

 Will your child require any special medical attention during a normal class:
 (yes/no) _____
 If yes - Explain:

Please list approved adults to drive child or explain any custody issues:

[] Recorded [] Paid in full [] On hold Processed by: _____ Special Notes: _____