

Dance Etc. Studio of Dance Registration Form

Student Name _____ Birth date _____

School _____ Grade _____

Medical Info/Health Concerns _____

Parent/Guardian Name _____

Mailing Address _____ State _____ Zip Code _____

Home Phone Number (_____) _____ Email Address _____

Cell Phone Number (_____) _____ Work Phone Number (_____) _____

Emergency Contact (other than parent) _____ Relation to Student _____

Phone Number (_____) _____

Social Media Policy

I do ____ I do not ____ give my permission for my child to be included in photography / videos of this program and for his/her image and likeness to be used on any of our Social Media platforms including our website, Facebook and Instagram as well as in advertising, press releases and any other electronic or print media promoting Dance Etc.

Medical Release

In the event you are unable to reach me, in the case of accident or injury, I give my permission for treatment as deemed necessary by staff or emergency personnel. I also release Dance Etc. and its staff of liability in case of injury or accident incurred to:

Child Name _____ Parent/Guardian Signature _____ Date _____

Studio Information and Policies

I have read all studio information and policies including monthly fees, insurance, bad weather/holiday policies, attendance, class observation and practice wear. I fully understand and agree to abide by these policies.

Child Name _____ Parent/Guardian Signature _____ Date _____

CLASSES ENROLLED IN

<u>CLASS NAME</u>	<u>LEVEL</u>	<u>ROOM</u>	<u>DAY</u>	<u>TIME</u>	<u>TUITION</u>
1. _____	_____	_____	_____	_____	\$ _____
2. _____	_____	_____	_____	_____	\$ _____
3. _____	_____	_____	_____	_____	\$ _____
4. _____	_____	_____	_____	_____	\$ _____
5. _____	_____	_____	_____	_____	\$ _____
6. _____	_____	_____	_____	_____	\$ _____

TOTAL TUITION DUE _____

(FOR OFFICE USE ONLY) PAID BY: _____ Cash _____ Credit Card _____ Check Number _____