

Dance Etc. Studio of Dance Registration Form

Parent/Guardian Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone Number (_____) _____ Email _____

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

Emergency Contact Name _____

Relation to Student _____ Phone Number (_____) _____

Student Name _____

Birth date _____ School _____ Grade _____

Medical Info _____

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.

Parent/Guardian Signature _____

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. _____	_____	_____	_____	_____	\$ _____

FOR OFFICE USE ONLY:

Total Tuition Due: _____

Paid by: _____ Cash _____ Credit Card _____ Check Number _____