

New Student Registration Form

Season: _____
Signup Date: _____

Student Information

Student's Name: _____ Date of Birth (MM/DD/YYYY): _____

Mailing Address: _____

Primary Phone: _____ Phone (2): _____

Name of Person responsible for paying fees: _____

Primary Email Address: _____

Primary Billing Phone # _____

Legal Release and Policy Acceptance (please initial)

- | | |
|---|--|
| <input type="checkbox"/> I/we understand the Studio Policies | <input type="checkbox"/> I/we understand my billing obligations |
| <input type="checkbox"/> I/we understand the risks related to dance | <input type="checkbox"/> I/we understand my responsibilities for my property |
| <input type="checkbox"/> I/we understand the dress code | <input type="checkbox"/> I/we understand the schedule |
| <input type="checkbox"/> I/we give media use rights permission | <input type="checkbox"/> I/we understand the attendance policy |

Signature / Responsible Party

Date

Total Monthly Tuition \$35

Medical

Allergies: _____

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

If yes – Explain: _____

Notes: