

Registration Form

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_  
 Father's Name: \_\_\_\_\_  
 (M) Cell: ( ) \_\_\_\_\_ - \_\_\_\_\_ Work: ( ) \_\_\_\_\_ - \_\_\_\_\_  
 (F) Cell: ( ) \_\_\_\_\_ - \_\_\_\_\_ Work: ( ) \_\_\_\_\_ - \_\_\_\_\_  
 Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_  
 How did you find out about us? \_\_\_\_\_

\*\*\*\*CLASS SCHEDULE\*\*\*\*

DAY	TIME	SUBJECT
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Please list previous dance training:

\*\*\*\*RELEASE\*\*\*\*

Just as in any physical activity, there is always a possibility of injury. The Dance Spot will provide care for your child but if some injury should occur, I, the undersigned, agree NOT to hold The Dance Spot or ANY of its staff responsible for the injuries sustained in or out of The Dance Spot.

Medical Insurance Carrier: \_\_\_\_\_ Group# \_\_\_\_\_  
 Policy# \_\_\_\_\_

Please list any history of allergies, previous injuries, or other medical problems:

\*\*\*\*TUITION & REGISTRATION\*\*\*\*

I understand tuition is due by the 1st of each month. If tuition is NOT received by the 5<sup>th</sup> of each month, I will be charged a \$15.00 late fee. Students that are one month late on tuition will not be allowed to attend class. NO EXCEPTIONS! I also understand that there are no refunds on tuition, costume payments or any other purchases from The Dance Spot. A registration fee is due at the time of registration. (See tuition sheet) A recital fee of \$50.00 will be due before recital.

I have thoroughly read and understand the above information

Parent Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_