

REGISTRATION

Name of student: _____ Age: _____
Address: _____
Home Phone: _____ Work Phone: _____
Student DOB: _____ Cell Number: _____
Mothers name: _____ Fathers name: _____
How many years of experience? _____

Please list the classes in which the above student is to be enrolled:

<u>DAY</u>	<u>TIME</u>	<u>CLASS</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

I, _____ agree to pay \$ _____ /month to For A Dancer, Inc. for the above class(es) in which my child or myself is enrolled. I understand that For A Dancer, Inc. and its staff, are not responsible for lost or stolen items, as well as, any injury that may occur on or in its facility (including outside events). I agree to the payment terms and understand that there will be an additional \$30.00 late fee charged if payment is received later than the due date. I give my permission to For A Dancer, Inc. and any member of its staff to call an ambulance in case of a dire emergency that cannot wait for a parent, guardian, or emergency contact to be notified. In the event of such an emergency, the parent will be notified immediately after the ambulance has been contacted. I have read and understand the studio policies and agree to abide by them.

Signature of Parent/Guardian _____ date

Emergency contact & number: _____

Doctor & number: _____

Allergies & medication: _____

School: _____ Grade: _____

parent e-mail: _____

All information is sent via e-mail, please include a clear e-mail address.

We appreciate your business and thank you for making us a dance success!