

FREEDOM BLVD DANCE STUDIO

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 property | <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 _____

Classes

Class Name	Meeting Date(s) / Time	Fees / Minutes

Registration Fee: _____

Recital Fee: _____

Tuition: _____

Costume Fee: _____

Discounts: _____

Comp Fees: _____

Total Monthly Tuition _____

Gym Fee: _____

Measurements

- | | | |
|-----------------|--------------|--------------------|
| _____ Height | _____ Girth | _____ Tights Size |
| _____ Shoe Size | _____ Inseam | _____ Leotard Size |

Medical

Allergies: _____

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

If Yes please explain here-

[] – Recorded [] Paid in full [] On hold Processed by: _____ Special Notes:
