Freedom Boulevard Dance Comp 2908 Freedom Boulevard, Corrali (408)656-2578			Circle One: DATE:	Adult Program	Youth Program	
STUDENT INFORMATION			DAIL.			
NAME:			PREFERRED PRONOUNS:			
EMAIL ADDRESS:			DATE OF BIRTH:			
PRIMARY PHONE:			SECONDARY PHONE:			
MAILING ADDRESS:		CITY: ZIP CODE:				
NAME OF PERSON FINANCIALLY RESPONSIBLE:						
PRIMARY BILLING PHONE:						
LEGAL RELEASE AND POLICY ACCEPTANCE						
All policies can be found online at https://freedomblvddance.com/policies						
(Please read and initial that you understa	l/					
I/we understand the studio policies outlined online			I/we understand the CLASS MAKE UP policy			
I/we understand the RISKS related to dance			I/we understand the SCHEDULE I/we understand the UNIFORM POLICY			
I/we understand the ENROLLMENT policy I/we undersand my BILLING obligations			I/we understand the ZERO tolerance policy			
I/we understand the ATTENDANCE policy			I/we understand my responsibilities for my PROPERTY			
//we understand the 15 minute po		I/we give MEDIA USE RIGHTS permission				
					e permeenen	
Signature/Responsible Party:			Date:			
MEDICAL						
Allergies:			Have you recieved the COVID-19 vaccine?: Yes or No			
Will your child require any specail medical attention or need help using the potty during a normal class: If YES please explain: CLASSES						
DAY OF THE WEEK		ТІМЕ	IME		CLASS NAME	
PAYMENT	Registration Fee:		_	Payment Recie	ved by:	
TUITION PER MONTH: 1 WEEKLY \$80	Tuition:		_	NOTES:		
2 WEEKLY \$150 3 WEEKLY \$190	Discounts:		-			
4 WEEKLY \$200 5 WEEKLY \$250	Total:		_			

6 WEEKLY \$300 UNLIMITED \$350

Ask About Family Packages

HOW DID YOU HEAR ABOUT US?