

REGISTRATION FORM

OFFICE COPY

REGISTRATION FEE _____ Office
TUITION PER MO _____ Office

STUDENTS NAME (LAST), (FIRST)

STUDENTS ADDRESS CITY ZIP

PHONE #1 PHONE #2 *EMAIL

BIRTHDATE AGE DANCE YEARS EXPERIENCE B/T JAZZ ACRO

PARENT OR GUARDIAN/FIRST & LAST NAME OF EACH PARENT

1. (LAST), (FIRST) 2. (LAST), (FIRST)

(LIST CLASSES STUDENT IS REGISTERING FOR BELOW)

Table with 7 columns: Class #, Subject, Day, Time, Teacher Miss, cost. Multiple rows for class registration.

Consent/Wavier

* I UNDERSTAND THAT THERE IS AN ADVANCE NOTICE REQUIREMENT OF 30days for TERMINATION IN ENROLLMENT AND I AM LIABLE FOR PAYMENT.

I GIVE SHELOR SCHOOL OF DANCE AND ANY HEALTH CARE PROVIDER RECEIVING REFERRALS, TO RENDER EMERGENCY MEDICAL CARE AND TREATMENT TO (STUDENT NAME)

IN CONNECTION WITH ANY ILLNESS OR INJURY INCURRED WHILE AT PREMISES OF SHELOR SCHOOL OF DANCE OR WHILE PARTICIPATING IN EVENT FOR SHELOR SCHOOL OF DANCE.

I also give permission to SheLor School of Dance to use photographs of my child &/or dance student

(STUDENT NAME)

for the purpose of advertising, Website use or any miscellaneous printed materials associated with dance and SheLor School of Dance.

DATE PARENT/GUARDIAN SIGNATURE X

HEALTH INSURANCE NUMBER * LIST ALLERGIES THAT MAY CAUSE TREATMENT OR EMERGENCY, LIST ANY MEDICATIONS THAT MAY BE USED DURING CLASS IE: ASTHMAMEDS, LIST ANY ILLNESSES OR CONDITIONS WE SHOULD BE ORMED ABOUT:

PARENTS COPY (DETACH)

First Day of Dance: Thursday, September 7th 2017

Recital: Sat. & Sun. June 16th and 17th (tentative date) Rehearsal: Fri. June 15th (tentative date)

Weather Cancellations: call studio for recording or check WPXI

STUDENTS NAME TUITION/MO

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