REGISTRATION FORM

OFFICE COPY

CONT.	TO NAMES				REGISTRATION FEEOffice TUITION PER MOOffice
STUDEN'	TS NAME(LAST)		,	(FIRST)	<u> </u>
STUDENT				(FIKSI)	
			CITY		ZIP
PHONE #	1	PHONE #2		*EMAIL	
BIRTHDA	ATE	AGE	DANCE `	YEARS EXPERIENC	E B/TJAZZACRO
PARENT	OR GUARDIAN/FIRST	& LAST NAME	OF EACH P	ARENT	
1	(LAST)		_ 2.		(FIRST))
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AM LIABL I GIVE SHI MEDICAL (STUDENT IN CONNE PARTICIPA I also give p (STUDENT for the purp DATE HEALTH II EMERGEN CONDITIO	ESTAND THAT THERE IS LE FOR PAYMENT ELOR SCHOOL OF DANC CARE AND TREATMEN' IT NAME) ECTION WITH ANY ILLN ATING IN EVENT FOR SH permission to SheLor Schoo IT NAME) pose of advertising, Website PARE NSURANCE NUMBER LCY, LIST ANY MEDICAT DNS WE SHOULD BE INF	CE AND ANY HEAD TO TO ESS OR INJURY II HELOR SCHOOL OF LOT IN THE PROPERTY OF	LTH CARE P , NCURRED W DF DANCE. totographs of r neous printed IGNATURE X Z BE USED D	ROVIDER RECEIVING HILE AT PREMISES O ny child &/or dance stud materials associated with X * LIST ALLERGI URING CLASS IE: AST	GREFERRALS, TO RENDER EMERGENCY F SHELOR SCHOOL OF DANCE OR WHILE The dance and SheLor School of Dance. TES THAT MAY CAUSE TREATMENT OR THMA MEDS, LIST ANY ILLNESSES OR
Class #	Subject	Day	Time	Teacher Miss	cost
Class #	Subject	Day	Time	Teacher Miss	cost
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					PARENTS COPY (DETACH)
V	First Day of Dance: <i>Thu</i> Veather Cancellations: <i>o</i> TS NAME		ording or ch		TUITION/MO
	Subject				
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Class #	Subject	Day	Time	Teacher Miss	cost

For registration and placement, please call SheLor School of Dance 724-287-9933~shelorschoolofdance.com~like us on FACEBOOK