

Name of Student		DOB	Age	Grade
ADDRESS		CITY	Zip	
Mother'sName	Cell	#	Father'sNan	1e
Cell #	current email addre	ess		
<b>EmergencyContactPe</b>	erson(Name/#)			
How did you hear of l	DMDA?			
Does the student hav	e any health conditions	s/allergies?		
I understand that tui	tion is due by the 1 <sup>st</sup> cl	lass of the month, a	nd if I have not	paid tuition by the
8 <sup>th</sup> of the month my	account will be char	ged a \$30 late fee	. Autopay is a	vailable and highly
child cannot participal child cannot participal limust let DMDA knowsent through email	nt will continue to be class until the ac ow if my email address (important studio date arly checking and know	count is caught up. has changed. A goes, late fee reminde	od portion of s ers, meetings	tudio information is
X	date	• •		
YES or NOI	l would like to be signe	d up for AUTOPAY fo	or my monthly t	uition. I understand
	e associated with all de	_		
Subject	Day&Time	Subject	Da	y&Time
Subject	Day&Time	Subject	Da	y&Time
Subject	Day&Time	Subject	Da	y&Time
Subject	Day&Time	Subject	Da	y&Time
Subject	Day&Time	Subject	Da	y&Time
Subject	Day&Time	Subject	Da	y&Time
consideration, the recei myself and my heirs, e Academy and James and which may arise on acco	as parent and guardian of _ ipt and sufficiency of which is executors, administrators, pe Tiffany Rollins, of and from ount of any and all injuries to rities as a dance student of E	s hereby acknowledged, ersonal representatives any and all claims, dema o my child, now existing	hereby release ar and assigns, I ands, damages, act or which may here	nd forever discharge, fo Dynamic Motion Dance tions or causes of actior
In witness whereof, this re	elease is executed this	day of	,	
x				