

Reg Fee
\$30
per dancer



Monthly Tuition
Amount

Registration Form

Dancers Name _____ Age _____

Parent's Name(s) _____

Complete Address _____

Parent's Contact _____

Email _____

please be aware that we communicate almost exclusively via email

Parent's Employer _____

Employer Address _____

Employer Phone _____

Emergency Contact Person _____

Emergency Contact Phone _____

Allergies _____

Print parent's Name _____

I hereby grant permission for my son/daughter to attend Dominique's Dance Creations Dance School. My child has no medical condition that would interfere with his/her Participation. I release all DDC staff from any injury that may occur.

Parent/Guardian Signature

Date _____

Weekly Classes

Mondays_____

Tuesdays_____

Wednesdays_____

Thursdays_____

Fridays_____

Saturdays_____

Sundays_____

NOTES:_____
