

Last Name:			
First Name (Include Sibiling):			
Address:			
City:	State:	Zip Code:	
Birthdate:	Age:	Grade:	
Email:			
Mother's Name:	Cel	ll#()	
Father's Name:	Cell	1#()	
Emergency Contact	Relation	Cell	
Hold Harmless Agreement/Release Waiver			
Including attorney fees, arising out of the party's parfundraisers and other related activities provided by a The undersigned parent/student understands that stude photos, brochures, and other materials as a result of registering a child/student for class, such use of the cand, accordingly, all right, title and interest in same at have read and agree to the above terms and condition	and/or at the facility of H dents may occasionally a his/her association with child/student's name and are waived.	Adden Talents Dance Center Inc. Appear in promotional performance videos, Hidden Talents Dance Center Inc. By I likeness are agreed to and acknowledged	
Printed Name of Student			
Signature (Parent's signature if student is under 18)		Date	
Received by:	Date:		

Style & Level	Age Group	Time	Tuition Due
1.			
2.			
3.			
4.			
5.			
6.			

Class	Price Per Class	SUB-TOTAL: \$
		10% Sibling Discount: \$()
Fairytale	\$160	
One 90 Minute Class	\$126	SUB-TOTAL: \$
Two 90 Minute Classes	\$240	Deposit (Per Student): \$50.00
Three 90 Minute Classes	\$342	TOTAL: \$
Four 90 Minute Classes	\$432	Total Amount Paid: \$ Balance Due: \$

Check Cash Venmo @Hidden-Talents-Dance-Center		
Zelle send to - HiddenTalentsDanceCenter@gmail.com		

Received by:	Date:
neceived by:	Date: