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## 2019-2020 CLASS REGISTRATION FORM

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Guardian \_\_\_\_\_ Home Ph# \_\_\_\_\_ Cell# \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emerg. Phone # \_\_\_\_\_ Wrk# \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Previous Dance Experience \_\_\_\_\_

List Any Medical Conditions \_\_\_\_\_

Email address \_\_\_\_\_

I would like to register for:

1<sup>st</sup> Choice: Day \_\_\_\_\_ Time \_\_\_\_\_ Name of Class \_\_\_\_\_

2<sup>nd</sup> Choice: Day \_\_\_\_\_ Time \_\_\_\_\_ Name of Class \_\_\_\_\_

I agree to pay the following: **\$25.00 Registration fee, Tuition** (year paid in full 5% discount or pay ten installments, sibling discount 10%) **Costume Fees** (see policies for estimated rates), **Recital Fee**. I also agree that Elite Studio of Dance is not responsible for any injuries that may occur on premises or during scheduled class.

I have read the studio policies and agree to have my child abide by them.

I authorize the use of my child's photo for marketing purposes.

Parent's  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use: Registration fee paid \_\_\_\_\_ Tuition Pd in full \_\_\_\_\_ 1<sup>st</sup> installment pd \_\_\_\_\_