

## Western Maine Dance Center Student Registration Form

Signup Date: \_\_\_\_\_

### Student Information

Student's Name: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

### Legal Release and Policy Acceptance (please initial)

\_\_\_ I/we have read the student/parent handbook and understand all rules and policies

\_\_\_ I/we understand the risks related to dance and have signed the Liability Waiver

\_\_\_ I/we give media use rights permission

\_\_\_ I/we give permission for Western Maine Dance Center to run my card on file for monthly tuition payments. I understand that in the event that I drop a class after December 1st that 50% of the remaining balance for yearly tuition will be charged to my card on file.

\_\_\_\_\_  
Signature / Responsible Party

\_\_\_\_\_  
Date

### Classes

Class Name	Meeting Date(s) / Time	Fees / Minutes

Registration Fee: \_\_\_\_\_

Tuition: \_\_\_\_\_

**Total Monthly Tuition** \_\_\_\_\_

### Medical

Allergies: \_\_\_\_\_

\_\_\_\_\_  
Will your child require any special attention during a normal class: ( this includes behavioral or learning challenges) (yes/no)

If yes – Explain: \_\_\_\_\_