Student Inform	nation:	Chalest Information						
Name	Last		First			Grade		
Address:								
	Street Address	•				Apartment/Unit #		
	City				State	ZIP Code		
Parent Informa	ation:							
Parent 1:					Cell Phone:			
Parent 2:					Cell Phone:			
Email Address:	:							
Emergency Co	ntact:							
Emergency Co	ntact:							
YES NO Does your child have allergies? YES NO Would you like to receive AK Dance emails? YES NO Would you like to participate in recital for additional \$75 *does not apply for Adult, Mommy and Me, 2's class and Storytime dance								
Classes								
				43363				
Monday		Tuesday	Wednesday	Thursday	Friday	Saturday		
Drop-In Class 10;45-11:45 \$10 Drop In	S	2/3 yr movement 11:00-11:30am 16 weeks \$320	Ballet 3 5:00-6:00pm 17 weeks \$408	Mommy and Me 11:15-12:15 14 weeks \$280	Ballet 1 3:30-4:15 17 weeks \$391	Ballet 5 10:00-11:00 15 weeks \$360		
Boys Ballet 4:30-5:15pm 15 weeks \$34	45	Open Ballet 1:00-1:45pm 18 weeks \$414 Boys Ballet 3:30-4:00pm 18 weeks \$270 Ballet 2 4:15-5:15pm 18 weeks \$432		3's Ballet 12:30-1:10 16 weeks \$368 Storytime Dance 1:20-2:05 14 weeks \$322 Adult Ballet 8:15-9:15 14 weeks \$252	Ballet 4 4:30-5:30 17 weeks \$408	Ballet 3B (k &1st) 11:15-12:15 15 weeks \$360 Master Class TBD		
Subtotal								
Sibling Disco Total: Early Enrollm tuition if enrol per family Do Online Final Cost:	ent \$15 off lled by 1/4, 1							

Disclaimer and Signature

Release: I hereby release Amanda Kupillas from all liability for personal injury, illness, or loss of property while participating in classes. I give Amanda Kupillas permission to use photographs, and or a video of my child while taking a class given by Amanda Kupillas, and events to use in promotional materials and promotions

Signature:	Date:
Signature.	Date.