SCHOOL-YEAR REGISTRATION

Lakeside DANCE COMPANY

Parent Name: First _____ Last _____

Street Address:_____

City: _____ State: _____ Zip: _____

Email:_____ Phone: _____

Emergency Contact: First _____ Last _____

Phone:_____ Relationship to Dancer: _____

Student #1: First _____ Last _____

School:_____ Grade in School:_____ Student Birthdate: _____/_____/_____

CLASS	WEEKLY TUITION	FULL TUITION (x 27)	DUE 1st CLASS (x 6)	MONTHLY TUITION (x 21/6)

Student #2: First _____ Last _____

School:_____ Grade in School:_____ Student Birthdate: _____/_____/_____

CLASS	WEEKLY TUITION	FULL TUITION (x 27)	DUE 1st CLASS (x 6)	MONTHLY TUITION (x21/6)

FAMILY TOTAL	WEEKLY TUITION	FULL TUITION (x 27)	DUE 1st CLASS (x 6)	MONTHLY TUITION (x 21/6)