



Christine's Dance Company

2017-2018 FALL REGISTRATION FORM



A \$10
non-refundable
registration fee is
required to make
this registration
valid. One fee per
student, please.
Thank you!

CLASSES BEGIN: MONDAY, SEPTEMBER 11, 2017

ACCOUNT BILLING INFORMATION: *Please provide the person(s) financially responsible for all dance payments*

Account Billing Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone #1 _____ (Name) _____

Email Address: _____

Account Billing's Relationship to Dancer: _____

STUDENT INFORMATION:

Student Name: _____

Student Age: _____ Grade in School: (Fall '17-'18) _____ Dancer Birthday: ____/____/____

Dancer Cell Phone (If applicable): _____ Dancer Email (If applicable): _____

Has the dancer been previously studio trained? YES NO

If yes, please indicate how long, where, and what type of classes were taken: _____

Please list any allergies: _____

EMERGENCY CONTACT PERSON:

Name: _____

Home Phone: _____ Cell Phone: _____

STUDENT DOCTOR INFORMATION:

Doctor's Name: _____

Clinic Name: _____ Doctor's Phone: _____

HOW DID YOU HEAR ABOUT US? _____

FALL REGISTRATION: See our 2017-2018 schedule on the back →

	Class Age/ Level:	Day of Week:	Class Type: <i>Ballet, Jazz, Tap, Lyrical, etc</i>	Class Time:	Payment Schedule: <i>Please Circle One</i>	Tuition Amount:
1.					Quarterly Monthly(+\$5)	\$
2.					Quarterly Monthly(+\$5)	\$
3.					Quarterly Monthly(+\$5)	\$
4.					Quarterly Monthly(+\$5)	\$
5.					Quarterly Monthly(+\$5)	\$

I am aware all tuition payments are due in full prior to the START of class. I am also aware that Christine's Dance Company LLC takes every precaution to assure my child's safety. However, if an accident should occur, I will not hold Christine's Dance Company LLC or any of its instructors liable. I have read and fully understand the above written statements as well as the 2017-2018 Parent & Student Handbook.

Parent Signature _____ Date _____

Thank you for your Registration!