

REGISTRATION FORM 2010 - 2011

This form and \$10.00 Non-refundable administrative fee, per student must be submitted to the studio office to reserve class placement.

AMOUNT ENCLOSED

Parent's or Legal Guardian's Name _____

Address _____ City _____

Zip _____ Email _____

Home Phone _____ Cell Phone _____ Work Phone _____

1) Student Name _____ Date of Birth _____

Class Title _____ Day _____ Time _____

Class Title _____ Day _____ Time _____

2) Student Name _____ Date of Birth _____

Class Title _____ Day _____ Time _____

Class Title _____ Day _____ Time _____

I have read and understand the policies of Academie de la Danse, Inc. Academie de la Danse, Inc. is not responsible for any injuries sustained during class.

Signature _____ Date _____