

REGISTRATION FORM

This registration is for the 2009-10 school year and must be submitted to the studio office to reserve class placement. A non-refundable administrative fee of \$8.00 per student, whether new or returning, must accompany this form. This form and payment will secure your place in this class.

Parent's or Legal Guardian's Name _____
Address _____
City _____ Zip _____
Home Phone _____ Work Phone _____
Email _____
Administrative Fee \$ _____
Tuition \$ _____
Total Enclosed \$ _____

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 _____

1. Student Name _____		Date of Birth _____	
New Student	Yes <input type="checkbox"/> No <input type="checkbox"/>	Day	Time
	Class Title		
2. Student Name _____		Date of Birth _____	
New Student	Yes <input type="checkbox"/> No <input type="checkbox"/>	Day	Time
	Class Title		
3. Student Name _____		Date of Birth _____	
New Student	Yes <input type="checkbox"/> No <input type="checkbox"/>	Day	Time
	Class Title		

Does the student have any ailments or restrictions? Yes No If yes, please explain: _____