

# Lisa's School of Dance, Inc

## Registration Form

Please complete one form for each student you are enrolling

Student Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
First Last

Student Birth date: \_\_\_\_\_ Current Age: \_\_\_\_\_ Current Grade Level \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

Parents: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

List any medical conditions/allergies we should be aware of: \_\_\_\_\_

E-mail address: \_\_\_\_\_

### Attendance

Month	1 <sup>st</sup> week	2 <sup>nd</sup> week	3 <sup>rd</sup> week	4 <sup>th</sup> week	5 <sup>th</sup> week
September					
October					
November					
December					
January					
February					
March					
April					
May					
June					

OFFICE USE ONLY

Student Name: \_\_\_\_\_ Monthly Tuition Total \_\_\_\_\_

Class Day, Time & Studio: (1) \_\_\_\_\_

Class Day, Time & Studio: (2) \_\_\_\_\_

Class Day, Time & Studio: (3) \_\_\_\_\_

Class Day, Time & Studio: (4) \_\_\_\_\_

Class Day, Time & Studio: (5) \_\_\_\_\_

Class Day, Time & Studio: (6) \_\_\_\_\_

Class Day, Time & Studio: (7) \_\_\_\_\_

Class Day, Time & Studio: (8) \_\_\_\_\_

Class Day, Time & Studio: (9) \_\_\_\_\_

Class Day, Time & Studio: (10) \_\_\_\_\_

Amount Paid \_\_\_\_\_ CASH \_\_\_\_\_ CHECK # \_\_\_\_\_ CC \_\_\_\_\_

Balance Due \_\_\_\_\_ PIF \_\_\_\_\_ Date: \_\_\_\_\_

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In case of an emergency:

1<sup>st</sup> emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

2<sup>nd</sup> emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

I, \_\_\_\_\_, parent or legal guardian of the above student, who is a participant in Lisa's School of Dance, Inc., agree to assume the risk of any and all personal injuries or property damage, and to hold harmless Lisa's School of Dance, Inc., or their agents, employees and volunteers, from any and all claims of whatsoever nature arising there from. I do hereby grant permission for emergency first aid, if necessary to be rendered and hereby agree to assume and pay any hospital, medical and/or ambulance costs incurred as a result thereof. I do also, hereby grant my permission and give authority to Lisa's School of Dance, Inc. all rights to photography and video taping of my child during the course of this dance season for social media and advertising purposes. I understand and agree that any costume deposit payment made to Lisa's School of Dance is non-refundable and is considered a valid indication that the student will participate in the recital for that dance season. If a student should withdraw from Lisa's School of Dance, Inc. before the recital, they shall still be obligated to pay the balance of the costume prior to obtaining said costume. Lastly, I have received, read and agreed with the terms of Lisa's School of Dance, Inc. policies as written in the brochure.

Parent Signature

Date