

DANICA'S SCHOOL OF DANCE 2016 STUDENT REGISTRATION FORM

Student Information

First _____ Middle Initial _____ Last _____

Gender: Male ___ Female ___

Street Address _____

Town/City _____ State _____ Zip code _____

Child's Primary Phone # _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____

Relationship to student _____

Street Address _____

Town/City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-mail _____

Parent/Guardian #2

First _____ Last _____

Relationship to student _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-mail _____

Lives with the student: Yes ___ No ___

TUITION INFORMATION

Payment is due upon enrollment-spot is only reserved once payment has been received.

Class Description

Day / Time

Class Description	Day / Time

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Tuition Payment Responsible Party Parent/Guardian #1 _____ Parent/Guardian #2 _____ Other _____
If Other, please fill out the information below.

First _____ Last _____

Street Address _____

Town/City _____ State _____ Zip Code _____

Primary Phone _____ E-mail _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Relationship to student _____

Please list anyone in addition to parents/guardians who are permitted to pick up your child:

First & Last Name / Phone # / Relationship to Student

1: _____

2: _____

3: _____

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes ___ No ___ If yes, explain: _____

Terms of Agreement

Photo Release

I hereby give permission for my child to be photographed. I understand the photos could be used to share during power point presentations, for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Danica's School of Dance.

Parent's/Guardian's Initials _____

Studio Liability Release

DSD is not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Printed Name of Parent/Guardian: _____

Guardian Signature: _____ Date: _____