FAMILY REGISTRATION FORM

Student Name _____ Student Name _____
First and Last First and Last

Birth Date_____Grade in fall _____ Birth Date_____Grade in fall_____

Mom's First and Last Name _____
Dad's First and Last Name _____

Full Address _____

_____

Phone 1: _____ Relationship: _____

Phone 2: _____ Relationship: _____

Phone 3: _____ Relationship: _____

Email (mandatory) _____

Emergency Contact Name and Relationship (other than mom or dad)
_____

Phone Number _____

I hereby agree to hold the Dance Shoppe and its instructors harmless against claims, liability, loss, cost, damage ,and expense, which may in any way arise out of connection with anyone who accompanies my student or myself in class or onto the premises of the Dance Shoppe. This includes any claims of injury. I understand that the instructors and the Dance Shoppe are not responsible for myself or my child, or anyone who accompanies my child on the premises while in the dance classroom, or before entering or exiting the Dance Shoppe. I understand that I am responsible for the monthly tuition until I notify the OFFICE IN WRITING that my child has discontinued. I understand and agree to the tuition, dress code, and rule requirements as outlined in the Parent Handbook, as read on the website. I understand that my child's picture may be used for advertising purposes in print or on the website, and give my permission for this, or have signed an additional request that my child's picture not be used.

Signature of parent or guardian _____ Date _____

I heard about the Dance Shoppe: