

Artistry Dance & Co Registration Form

Student Name _____ Birth Date _____

Medical Info/Health Concerns _____

Parent/Guardian Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Primary Phone Number (_____) _____ Email _____

Cell Phone Number (_____) _____ Work Phone Number (_____) _____

Emergency Contact Name _____

Relation to Student _____ Phone Number (_____) _____

STUDIO INFORMATION AND POLICIES

I have read all studio information and policies including tuition fees, session dates, holiday closings, attendance & make-up classes, cancellation policy and returned check/declined credit cards. I fully understand and agree to abide by these policies.

Parent/Guardian Signature _____

WAIVER

I/We on our own behalf and as the guardian of _____ (insert name of student) hereby release Artistry Dance & Co all liability in respect to injury, illness, or property damage that may be incurred, occurring on or off premise. In the event that I cannot be reached in an emergency involving the above named participant, I hereby give permission to the appropriate medical personnel selected by the schools dance teacher. I have read all studio information and policies including tuition fees, session dates, holiday closings, attendance & make-up classes, cancellation policy and returned check/declined credit cards. I fully understand and agree to abide by these policies.

Parent/Guardian Signature _____

CIRCLE ONE: SUMMER SESSION I

SUMMER SESSION II

CLASS NAME	LEVEL	DAY	TIME	TUITION
1. _____	_____	_____	_____	\$ _____
2. _____	_____	_____	_____	\$ _____
3. _____	_____	_____	_____	\$ _____
4. _____	_____	_____	_____	\$ _____
5. _____	_____	_____	_____	\$ _____
6. _____	_____	_____	_____	\$ _____
7. _____	_____	_____	_____	\$ _____
8. _____	_____	_____	_____	\$ _____
9. _____	_____	_____	_____	\$ _____
10. _____	_____	_____	_____	\$ _____

Total Tuition Due: \$ _____

FOR OFFICE USE ONLY:

Paid by: _____ Cash _____ Check Number _____