

REGISTRATION FORM - DANCE YEAR 2018-2019

Ronnie McLaughlin Dance Studio

PLEASE PRINT CLEARLY

STUDENT NAME:

ADDRESS:

DATE OF BIRTH:

AGE:

PHONE NUMBERS:

HOME:

CELL:

PARENT/GUARDIAN EMAIL:

EMERGENCY CONTACT:

NAME:

PHONE NUMBER:

Please list any Medical Conditions, including any allergies:

PARENT/GUARDIAN NAME:

(PLEASE PRINT CLEARLY)

PARENT/GUARDIAN SIGNATURE:

Signature gives us permission to use your child's photo on our website. We are not responsible for inaccurate contact information. **THIS IS NOT A CONTRACT**

Office Use:

Number of classes

Tuition:

Tuition Amount Paid:

Date:

Costume Deposit:

Date:

\$60 Per Class

DANCE CLASSES ON THE BACK