

REGISTRATION FORM - DANCE YEAR 2022-2023

Ronnie McLaughlin Dance Studio

PLEASE PRINT CLEARLY

STUDENT NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____

AGE: _____

PHONE NUMBERS:

CELL: _____

HOME: _____

CELL PROVIDER: _____

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 - DUE AT TIME OF REGISTRATION

DANCE CLASSES ON THE BACK