

## Fairport Dance Academy

Student Name:		
Address:		
City:	State:	Zip Code:
Home Phone:	Cel Phone:	
Student E-mail Address:	Birthday & Year:	Age:
School:	Grade:	

Medical Info. (Health/Physical Restrictions):		
Billing Name:		
Billing Address:		
City:	State:	Zip Code:
Home Phone:	Cel Phone:	
Work Phone:	Parent E-mail Address:	

Parent 1:		
Home Phone:	Cel Phone:	
Work Phone:	Parent E-mail Address:	

Parent 2:		
Home Phone:	Cel Phone:	
Work Phone:	Parent E-mail Address:	

Emergency Contact (Other than Parent/Guardian):		
Phone Number:		

### Instructions

Please indicate which classes you would like to register for by filling in the appropriate lines below.

Class	Day/Time	Instructor	Tuition Amount
Registration Fee			\$10.00
Total Hours per Week			
Total Tuition			

We would like to add student photos & video to our website and other promotional materials. Please sign on the line below if you give permission for the Fairport Dance Academy to use photos of your child for the purposes stated above.

Parent Signature: \_\_\_\_\_

Office Use:

Date Paid:

Cash/Check/CC:

Amount Paid: