

OFFICE USE ONLY DWTRANSCL					
СНК#_	AMT				
M	QY				

REGISTRATION FORM (Please attach a \$30.00 registration fee per family)

Student Name				
Age Birth Da	te/	Home Phone (_
Address		City	Zip	
Parent 1			Cell ()	-
Parent 2			Cell ()	
Email				
Emergency Contact			Phone ()	-
How did you hear about us?				
Medical Conditions we need to be awa	are of:			
Class Selections (Include			Class (If 1 st choice is	
The dress code as outlined in The Da ngerefrain from taking class.	·	·		
Parents are expected to be present in students outside their class time. If an eme				for supervising
There are no refunds for missed class teacher.	ses (including snow days).	Students may make up the abs	sence in another class des	ignated by their
Students who are more than 15 minu	ıtes late for class will be a	asked to observe on that day to	protect against injury.	
I understand and will abide by the tu	ition payment policies as	outlined in The Dance Centre b	rochure.	
Full costume payments are due the t received. I understand that The Dance Cen				
I understand there are four dance co are only valid for one show, tickets must be			me listed on the class sch	edule). *Concert tickets
I understand that dance is a physical responsible for any injury sustained during			bility of injury. I will not h	old The Dance Centre
Parent Signature				 Date