

## Fairport Dance Academy

**How did you hear of us:**      **flyer**              **friend**              **internet**              **other (please describe)**

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/Allergies):

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 Schedule is on page 5-6 of the Studio Handbook

To find your tuition total, see the Tuition Table on page 9 of the Studio Handbook

Class	Day/Time	Instructor	Hours Per Week
Registration Fee			\$25.00
Total Hours per Week			
Total Tuition			

Please include the signed Waiver of Liability & Media Release with your registration

See page 20 in the of the Studio Handbook for details

Office Use:

Date Paid:

Cash/Check/CC:

Amount Paid: