

L'Ecole de Danse

Class Registration Form

Please fill out the form completely and sign.

Student's Name: _____

Student's Birth Date: _____

Class# _____ Section _____ Class Title _____ Tuition: \$ _____

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Student's Name: _____

Student's Birth Date: _____

Class# _____ Section _____ Class Title _____ Tuition: \$ _____

Class# _____ Section _____ Class Title _____ Tuition: \$ _____

Family discount available for multiple classes taken. Please call for information.

Registration fee \$15

(waived if registration received before the 1st day of class)

Total Tuition Paid \$ _____

Please make checks payable to **L'Ecole de Danse**

How did you hear about us? (Please circle)

Friend

Social Media

Web site

Other _____

Parent's name (First) _____ (Last) _____

Street Address _____

City _____ State _____ Zip _____

Telephone (Home) _____ (Work or Cell) _____

Email (for school closings and reminders) _____

Please mail signed registration form and check to: **L'Ecole de Danse**
204 Baybourne Dr.
Arnold, MD 21012

Release Form:

In consideration of L'Ecole de Danse accepting me or my child(ren) in the dance program, I agree to release and discharge L'Ecole de Danse, its employees and agents from any injuries sustained by me or my child as a result of participation in this program. It is understood and agreed that L'Ecole de Danse, its employees and agents cannot be held responsible for any aggravation or injury caused as a result of a pre-existing disability.

Signature: _____ Date: _____

(Parent or Guardian if student is a minor)