

PLEASE PRINT CLEARLY
 PROVIDE ALL INFORMATION REQUESTED.
 SIGN AND DATE.

Student's Name _____

Date of Birth _____ Age _____

Parents' Names _____

Street Address _____

City, State Zip _____

Email (parent) _____

Email (student) _____

Phone 1 _____

Phone 2 _____

Other Phones _____

Emergency

Contact Person(s) _____

Relation to Student _____

Emergency Phone(s) _____

STUDENT'S PREVIOUS DANCE HISTORY

Years of dance training: _____. Previous dance studio(s) and instructor(s): _____

RELEVANT HEALTH HISTORY

Please list student's medical or physical conditions or injuries (e.g., asthma, allergies, scoliosis, bone fractures, etc.) that may affect vitality, strength, balance, flexibility, etc., when engaging in strenuous physical activity: _____

*I understand that El Paso Conservatory of Dance is not responsible for any accidents or injuries that may occur on its premises. Photographs and videos may be taken of the dancers from time to time during class, in rehearsal, or on stage. I consent to allow images of myself/my child to be used by El Paso Conservatory of Dance or its resident company El Paso Youth Ballet for display, publicity or other purposes. I agree to make tuition payments on time and to pay other applicable charges by the specified deadlines. Students will be allowed to make up missed classes, but Tuition and Fees are **non-refundable**. I have read and understand all of the school's enrollment policies.*

ADULT STUDENT or PARENT SIGNATURE: _____ Date _____

FOR OFFICE USE ONLY (do not write in this box)

Enrolling for level _____ Classes per week _____ on days: Mon Tue Wed Thu Fri Sat

Tuition option: Monthly 1 Qtr (5% discount) 2 Qtrs (6% discount)

3 Qtrs (7% discount) Year (10% discount, Aug–July only) Semester (10%)

Payments: \$ _____ Annual Registration Fee (\$35.00 per student, \$50.00 per family)

 + _____ Tuition (see *Tuition Schedule* to determine amount due)

Total Paid: \$ _____ Check one: Cash Check # _____ Credit Card: _____