

# 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 \$ \_\_\_\_\_

Class # \_\_\_\_\_ Section \_\_\_\_\_ Class Title \_\_\_\_\_ Tuition \$ \_\_\_\_\_

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 (waived if registration received before 1st day of class) \_\_\_\_\_ \$15

Total Tuition Paid \$ \_\_\_\_\_

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

How did you hear about our school? (Please check)

Friend

Phone Book

Bay Weekly

Web

Other

Parent's name (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

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 legal guardian if student is a minor)