





Print, complete, and mail to: 1422 Morris Avenue, Union NJ 07083

Student's Name:						
Age:	_ Grade (Fall 2020)_		_ Date of I	Birth:		
Student's known allergies	s:					
Student's known physical	restriction(s):					
Mother's Name:		Fa	ther's Name:	Name:		
Mother's Cell:	Father's Cell:					
Mother's Email	Father's Email:					
Mailing Address:						
mergency Contact:			Emergency Contact Phone:			
(6 weeks, on Saturdays) Session I (June 13 th – July 11 th Session II (July 18 th – Aug 22 nd	\$70 Session Session	s, on Saturdays) I (June 13 th – July II (July 18 th – Aug 2: BAL Circle Your Cho	LET ~ H	(6 weeks, on Saturdays) Session I (June 13 th – July 11 th) \$85 Session II (July 18 th – August 22 nd) \$.85	
BALLET on SATURDAYS 1-2pm (6 weeks)			HIP HOP on SATURDAYS 2-3pm (6 weeks)			
Dates: July 18 th – August 22 nd \$85			Dates: July 18 th – August 22 nd \$85			
Previous Dance Experier	ice: (What Style & Who	ere?)				
How did you hear about u	us? (Circle one)	Friend	Google/Web	Newspaper		
		Passed by	Other:			
Classes are first-come-f	irst-serve basis. <u>No</u> re	funds on sumr	ner classes. <u>No</u> m	aid-in-full before the student's fin ake-up lessons for absences in to: <i>HARMONY DANCE CE</i>	summer.	
Parent Signature of Ac	knowledgement:			Date:		