

# *New Dance Workshop Registration Form*

**Studio Location:** \_\_\_\_\_

**Class size is limited – One student per form.** Please fill out and return the form with a \$25.00 non-refundable registration and processing fee for **EACH** student.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth/Age as of Sept. 2015: \_\_\_\_\_

Allergies/Medical Conditions: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Name of school attending fall 2015: \_\_\_\_\_ Grade: \_\_\_\_\_

Years dance experience: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

**For all combination classes, please list 1<sup>st</sup> and 2<sup>nd</sup> choices.**

Class selection \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Class selection \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Class selection \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Class selection \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

\$ \_\_\_\_\_ Total tuition due Sept. 1, 2015

\$25.00 Non-Refundable Registration Fee (\$15.00 before June 1, 2015)

\$ \_\_\_\_\_ Balance Due

**Liability Release:** I release New Dance Workshop from all liability, from injury, damage or loss of property. I have read and agreed to all fees outlined on this form.

\_\_\_\_\_  
**Parent's signature (REQUIRED)**

**Mail to: New Dance Workshop**

**Lansdale – PO Box 175, Spring House, PA 19477/ Springhouse – PO Box 175, Spring House, PA 19477**

**Harleysville – PO Box 575, Ambler, PA 19002 / Jamison – PO Box 242, Jamison, PA 18929**