

# Dance Registration 2011-2012



Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

2<sup>nd</sup> Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

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

**\*E-MAIL\*** (print neatly) \_\_\_\_\_

**We will be emailing all studio information, including tuition statements each quarter. It is your responsibility to check email.**

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Previous Instruction? \_\_\_\_\_ How long? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Please list the classes you wish to sign up for:

\_\_\_\_\_ Day/Time: \_\_\_\_\_

\_\_\_\_\_ Day/Time: \_\_\_\_\_

\_\_\_\_\_ Day/Time: \_\_\_\_\_

Please list any medical, allergies, or learning disabilities we should know about:

\_\_\_\_\_

*\*Class offerings are contingent upon sufficient registration.\**

A registration fee (non-refundable) of \$25 per student or \$40 per family MUST accompany this registration form. Tuition is neither transferable nor refundable.

Please mail all registration forms and tuition to East Coast Dance Center, 6 Washington St., North Reading, MA, 01864. (978-664-3780) [www.ecdancecenter.com](http://www.ecdancecenter.com)

*I fully understand that East Coast Dance Center and its staff cannot and will not be held responsible for any injuries that may occur while attending or participating in any studio activity. I give ECDC permission to use dance photos or videos of my child for Internet publicity or advertising purposes. I also understand that I am responsible for tuition payments and account balances. I have read the above policy statements and waiver of liability and hereby agree to comply with them.*

Signature of Parent/ Guardian \_\_\_\_\_ Date \_\_\_\_\_