



Registration Summer 2010

Student Name _____

Date of Birth _____ Age _____

2nd Child's Name _____

Date of Birth _____ Age _____

Address _____

City _____ State _____ Zip _____

E-MAIL (print neatly) _____

Home Phone _____ Cell Phone _____

Mother's Name _____ Work Phone _____

Father's Name _____ Work Phone _____

Previous Instruction (school) _____ How long? _____

How did you hear about us? _____

Please list the summer camps 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.

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

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 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 _____