

FORMAL REGISTRATION FORM FOR JAN'S DANCE CONNECTION 2016-17

This form is to be completed and turned in when registering for classes. Please complete this form (one per family) and include tuition and registration fee. Checks payable to Jan's Dance Connection.

Student's name(s) one space for each child: **LAST NAME, FIRST NAME**

Child (1) _____ Age: _____ Birthdate: _____ Grade: _____

Child (2) _____ Age: _____ Birthdate: _____ Grade: _____

Child (3) _____ Age: _____ Birthdate: _____ Grade: _____

Child (4) _____ Age: _____ Birthdate: _____ Grade: _____

Parent's Name: _____ Email: _____

Address: _____ City: _____

Zip Code: _____ Home Phone: _____ Cell Phone: _____

	Child's Name	Type of Class	Day	Time	Room
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

Number of classes taken: 30 min _____ 40 min _____ Creative Dance _____ KCombo1 _____ KCombo2 _____

Competition Mini _____ Petite _____ Preteen _____ Teen _____ Senior _____ Monthly Tuition: \$ _____

As with any physical activities accidents may occur. Dancing, when taught correctly and carefully will reduce the risk of injuries. If an accident, illness, or problems should occur, it is important that the proper person is contacted promptly. Please complete and sign all sections below.

Parent's Phone Number in the evening _____ Cell Phone: _____

If no answer, contact (person) _____ Phone: _____

Type of Health Care: _____ Subscriber # _____

Any illness or medical conditions we should be aware of: _____

How did you find out about us: Website _____ Newspaper _____ Recommended by: _____

Are there any skills that a parent has that may be of help to our studio during the dance year?

Computers _____ Painting _____ Carpentry _____ Cleaning _____ Electrical _____ Other _____

I release the use of my child's photo for press releases or publicity uses. Yes _____ No _____

I received the rules for Jan's Dance Connection for the 2016-17 dance year and will comply with all rules.

I will not hold Jan's Dance Connection responsible for injuries and will pay tuition & fees when due.

Parent's Signature: _____ Date: _____

THIS SECTION TO BE COMPLETED BY OFFICE STAFF – DO NOT COMPLETE.

Reg _____ Nov _____ Feb _____ May _____ Cost Dep: _____

Sept _____ Dec _____ Mar _____ Misc _____ Balance: _____

Oct _____ Jan _____ Apr _____ Comp _____