

A Step in Time Dance Studio

Registration Form for Fall/Spring 2017-18

Returning Student _____ New Student _____

Contact Information: Parent/Guardian name _____

Street Address _____

City and Zip Code _____

Cell Phone _____ Home Phone _____ Other _____

Email Address _____

Person(s) authorized to pick up student _____

- Student 1 Name _____ D.O.B. _____
Class(es): (time and class, i.e. Monday 4:15 Ballet 1)

- Student 2 Name _____ D.O.B. _____
Class(es): (time and class, i.e. Monday 4:15 Ballet 1)

Enrollment fee \$ _____ Monthly Tuition \$ _____ Costume Fee \$ _____ Recital Fee \$ _____

All payments will be first applied towards tuition.

The legal stuff:

I have received a copy of the "Studio Policy Statement" and "Auto Debit Agreement" and I have read and understand the "Studio Policy Statement" and "Auto Debit Agreement" and agree with the terms and policies set forth. I grant permission for the able indicated student(s) to participate in the above listed classes. I understand dance is a physical activity with an inherent risk. I release from any and all liability "A Step in Time" and "Rocket Murphy Productions, Inc.", its instructors and agents. Additional copies of the "Studio Policy Statement" and "Auto Debit Agreement" are available at the front desk.

Signed _____ Date _____

I grant permission for A Step in Time to use my child's photo for purposes of publicity and advertising including webpage. Names will never be used to identify subjects in publicity for advertising photos produced by studio.

Initials _____

Special Conditions: Please inform us about any special information about your child that you feel would benefit us in working with your child. Use the space provided on the back of this page if necessary. (i.e. old injury, diabetes, asthma, ADD, OCD, etc.)

Referred by: _____