



# Christine's Dance Company

## 2019-2020 FALL REGISTRATION FORM



**CLASSES BEGIN: MONDAY, SEPTEMBER 9, 2019**

A \$10  
non-refundable  
registration fee is  
required to make  
this registration  
valid. One fee per  
student, please.  
*Thank you!*

**ACCOUNT BILLING INFORMATION:** \*Please provide the person(s) financially responsible for all dance payments\*

Account Billing Name(s): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone #1 \_\_\_\_\_ (Name) \_\_\_\_\_

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

Account Billing's Relationship to Dancer: \_\_\_\_\_

**STUDENT INFORMATION:**

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

Student Age: \_\_\_\_\_ Grade in School: (Fall '19-'20) \_\_\_\_\_ Dancer Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dancer Cell Phone (If applicable): \_\_\_\_\_ Dancer Email (If applicable): \_\_\_\_\_

Has the dancer been previously studio trained?      YES      NO

If yes, please indicate how long, where, and what type of classes were taken: \_\_\_\_\_

Please list any allergies: \_\_\_\_\_

**EMERGENCY CONTACT PERSON:**

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

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

**STUDENT DOCTOR INFORMATION:**

Doctor's Name: \_\_\_\_\_

Clinic Name: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

**HOW DID YOU HEAR ABOUT US?**    FACEBOOK    WORD OF MOUTH    OTHER: \_\_\_\_\_

**2019-2020 CLASS REGISTRATION:** [See our 2019-2020 schedule attached to this form]

	CLASS LEVEL:	DAY OF WEEK:	CLASS TYPE: <i>Ballet, Jazz, Tap, Lyrical, etc</i>	CLASS TIME:	PAYMENT SCHEDULE <i>Please Circle One</i>	TUITION AMOUNT:
1.					Quarterly    Monthly(+\$5)	\$
2.					Quarterly    Monthly(+\$5)	\$
3.					Quarterly    Monthly(+\$5)	\$
4.					Quarterly    Monthly(+\$5)	\$
5.					Quarterly    Monthly(+\$5)	\$

*I am aware all tuition payments are due in full prior to the START of class. I am also aware that Christine's Dance Company LLC takes every precaution to assure my child's safety. However, if an accident should occur, I will not hold Christine's Dance Company LLC or any of its instructors liable. I have read and fully understand the above written statements as well as the 2019-2020 Parent & Student Handbook.*

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

*Thank you for your Registration!*