

Total Amount Paid \_\_\_\_\_  
Check # or Cash \_\_\_\_\_ Date Paid \_\_\_\_\_



# Summer Class Registration Form--2015

Student One

Student Two

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

\_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Class Title: \_\_\_\_\_ Section: \_\_\_\_\_ Tuition: \_\_\_\_\_

Class Title: \_\_\_\_\_ Section: \_\_\_\_\_ Tuition: \_\_\_\_\_

1<sup>st</sup> Class \_\_\_\_\_

1<sup>st</sup> Class \_\_\_\_\_

2<sup>nd</sup> Class \_\_\_\_\_

2<sup>nd</sup> Class \_\_\_\_\_

3<sup>rd</sup> Class \_\_\_\_\_

3<sup>rd</sup> Class \_\_\_\_\_

4<sup>th</sup> Class \_\_\_\_\_

4<sup>th</sup> Class \_\_\_\_\_

5<sup>th</sup> Class \_\_\_\_\_

5<sup>th</sup> Class \_\_\_\_\_

6<sup>th</sup> Class \_\_\_\_\_

6<sup>th</sup> Class \_\_\_\_\_

Student One Total Tuition \$ \_\_\_\_\_

Student Two Total Tuition \$ \_\_\_\_\_

\$ \_\_\_\_\_ (Student One Total) + \$ \_\_\_\_\_ (Student Two Total Tuition) = \$ \_\_\_\_\_ Total Tuition Enclosed

WE REALIZE SUMMER GETS BUSY, SO IF YOU MISS CLASS, PLEASE JOIN US FOR ANY OTHER CLASS AS A MAKE-UP.  
NO REFUNDS WILL BE GIVEN.

Medical Issues: \_\_\_\_\_

Type of Previous experience \_\_\_\_\_

Former dance studio/# yrs attended \_\_\_\_\_ / \_\_\_\_\_

I hereby consent that all photographs and video taken and presented by this studio may be used for the purpose of display, advertising or publication in any manner. I further agree that the photographs/images submitted by the undersigned may be reproduced without additional compensation to the undersigned or their representatives. I also declare that I have legal authority to grant these permissions, and I accept all the responsibilities for such. Authorized signature of subject (must be of legal age, 18, or older) or signature of parent or guardian for minors.

Signature of Parent \_\_\_\_\_

Parents' Name: \_\_\_\_\_ \* \_\_\_\_\_ Check if contact info has changed

Primary Address, City, State, Zip \_\_\_\_\_

Secondary Address, City, State, Zip \_\_\_\_\_

Mom Phone #: Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Dad Phone #: Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Student Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Send registration form and check to: Jan Tripp 11775 Lehigh Avenue, Hastings, MN 55033