Total Amount Paid_	
Check # or Cash_	Date Paid



Student One

Summer Class Registration Form--2017

Student Two

SCHOOL OF DANCE,					
Name:					
Birth date: Age:	Grade:	Birth date:	Age: _	Grade:_	
Class Title:	Section: Tuition:	Class Title:		Section:	Tuition:
1st Class		1 st Class			
2 nd Class		2 nd Class			
3 rd Class		3r ^d Class			
4 th Class		4 th Class			
5 th Class		5 th Class			
6 th Class		6 th Class			
Student One Total Tuitio	on \$	Student 7	Two Total Tui	tion :	\$
\$ (Student One Total) + \$	(Student Two T	otal Tuition) = \$	Total Famil	yTuition E	nclosed
WE REALIZE SUMMER GETS BUS	Y, SO IF YOU MISS CLA	SS, PLEASE JOIN US FO	R ANY OTHER	R CLASS AS	A MAKE-UP.
NO REFUNDS WILL BE GIVEN. No					
Medical Issues:					
Type of Previous experience					
Former dance studio/# yrs atter	nded/_			/	
I hereby consent that all photographs of publication in any manner. I further agr compensation to the undersigned or their the responsibilities for such. Authorized	ree that the photographs/imo rrepresentatives. I also decl	ages submitted by the under are that I have legal authori	signed may be r ty to grant these	eproduced w permissions	ithout additional , and I accept all
Signature of Parent					
Parents' Name:		* Ch	neck if contac	ct info has	changed
Primary Address, City, State, Zip)				_
Secondary Address, City, State,	Zip				_
Mom Phone #: Home: ()	Cell: ()	Wor	k: ()		_
Dad Phone #: Home: ()	Cell: ()_	Wor	k: ()		_
E-Mail Address		Student Cell: (_
Send registration form and check to	: Jan Tripp 11775 Lehigh ,	Avenue, Hastings, MN 550)33.		
You will not receive a separate confi	rmation. Please come to th	ne class you registered for	unless you he	ar different	·ly.