Total Amount Paid_	
Check # or Cash_	Date Paid



Student One

Summer Class Registration Form--2016

Student Two

Name:							
Birth date: Age:	Grade:		Birth da	te:	Age: _	Grade	:
Class Title:	Section:	Tuition:	<u>Class Tit</u>	<u>·le:</u>		Section:	Tuition:
1st Class			1st Class				
2 nd Class			2 nd Class				
3 rd Class			3rd Class_				
4 th Class			4 th Class				
5 th Class			5 th Class				
6 th Class			6 th Class			- 	
Student One Total Tuition	n \$	5	S	Student Two	Total Tui	tion	\$
\$ (Student One Total) + \$_		(Student Two	Total Tuition) = \$	5 To	tal Famil	yTuition E	nclosed
Medical Issues: Type of Previous experience Former dance studio/# yrs atten I hereby consent that all photographs a publication in any manner. I further agricompensation to the undersigned or their the responsibilities for such. Authorized	ded nd video tak ee that the representat	en and presei photographs/ives. I also de	nted by this studio images submitted by eclare that I have le	y the undersigne gal authority to	r the purpo d may be re grant these	ose of displa eproduced w permissions	y, advertising or ithout additional , and I accept all
Signature of Parent						 	
Parents' Name:			*	· Check	if contac	t info has	changed
Primary Address, City, State, Zip							
Secondary Address, City, State, 2	Zip						
Mom Phone #: Home: ()		_ Cell: (_)	Work: (_)		_
Dad Phone #: Home: ()		Cell: ()	Work: (_)		
E-Mail Address			Stude	ent Cell: (_)		
Send registration form and check	to: Jan T	ripp 11775	Lehigh Avenue,	Hastings, MN	1 55033.		

There will be no separate confirmation. Please come to the classes you registered for unless you hear differently.