

585-426-7420

Studio 19 Dance Company
3035 Buffalo Rd. Roch. NY 14624

studio19@frontiernet.net

2010/2011 Family Registration Form

(please print clearly)

STUDENT NAME(S)

DATE OF BIRTH and CURRENT AGE

_____	_____
_____	_____
_____	_____
_____	_____

PARENT NAMES _____

RESPONSIBLE BILLING PARTY _____

HOME ADDRESS _____ CITY/TOWN _____ ZIP _____

HOME PHONE _____ PARENT CELL PHONE _____

PARENT E-MAIL _____

Email is a primary form of communication between the studio and our families. Please provide an email that is accessed and checked at least weekly. Please remember to add the studio email address above to your address book, so that emails from us don't end up in your spam/junk box.

NAME AND PHONE OF EMERGENCY CONTACT _____

DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS WE SHOULD BE AWARE OF?
(I.E. ASTHMA, SEIZURES ETC.) YES _____, NO _____ If yes, please explain below (use back if needed)

DOES YOUR CHILD HAVE ANY PREVIOUS DANCE EXPERIENCE? IF YES, PLEASE LIST WHERE, HOW LONG AND WHAT SUBJECTS WERE STUDIED (use back if needed)

I am enrolling my child(ren) in dance classes at Studio 19 Dance Company. By signing below I agree to pay all fees associated with the classes I have enrolled my child(ren) in, as per the 2010/2011 policy & procedure information. I further understand that my child(ren) will be participating in a physical activity that may result in injury. I save harmless Studio 19 Dance Company, it's owner/employers and employees from liability from injuries my dance student may incur as a result of their participation in any and all activities associated with Studio 19 Dance Company. I also give my express permission for any photos or likeness of my child to be used for advertising purposes and/or on the studio website.

Parent/Guardian Signature

Date

Please return registration form (one per family) and level placement form (one for each student) with applicable fees:
Registrations received/postmarked by August 1st - \$10, plus \$5 each additional family member (\$20 family max)
Registrations received/postmarked AFTER August 1st - \$25, plus \$5 additional family member (\$35 family max)

For Office Use Only: REGISTRATION FEE RCVD. Date _____ Amount _____ Cash _____ or Check # _____