

Registration Form

Registration Date:

Account No.

Billing Name

Address

City **State** **Zip/Postal**

Hm Phone **SSN** **Private**

E-Mail

Parent 1 **Hm. Phone**

Employer **Wk. Phone**

Cell **Pager**

Parent 2 **Hm. Phone**

Employer **Wk. Phone**

Cell **Pager**

Emergency Contacts **Phone**

Phone

Phone

Phone

Phone

Student Name

Address

City **State** **Zip/Postal**

Birthdate **School** **Grade** **SSN**

E-Mail

Medical Info:

Dr. Name **Phone**

Classes	Name	Level	Room	Day	Time	Tuition
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Registration Fee:

Total Tuition:

Your signature indicates you understand the following policies: (1) Registration fees are non-refundable. (2) Annual tuition is paid in 10 installments and guarantees 32 classes (not 10 months of class). (3) Payment of not less than 2 months tuition is due when you register. Confirmation of your enrollment will be mailed to you within 7 days. Thank you for choosing LeRoux School of Dance.

Parent Signature: _____ **Date:** _____