



Fall Registration Form

For Office Use Only:

Student Name: _____

Age: _____ Date Of Birth: _____

Parent/Guardian Name: _____

Street: _____

City: _____ Zip: _____ Home Phone (____) _____

Work Phone (____) _____ Cell Phone: (____) _____

Emergency Contact: _____ Phone (____) _____

E-mail: _____

School Name: _____ Grade: _____

Does your child have any allergies, health or physical restrictions? Yes No

If yes, please explain: _____

Please check all classes requested:

_____ -Tap	_____ -Hip Hop	_____ -Pointe
_____ -Ballet	_____ -Acrobatics	_____ -Ballet Technique
_____ -Jazz	_____ -Contemporary	_____ -Stretch & Strength
_____ -Preschool Class	_____ - 2 nd year Preschool Class	_____ -Next Progression (same class)

Private Lessons, check all that apply (To be approved by directors):

_____ -Solo _____ -Duet (partner: _____)
_____ -Trio (partners: _____ & _____)

New Students: Previous dance experience: _____

How did you hear of us? (circle) website newspaper ad community event drive by word of mouth

Referred by: _____

Please read and sign below:

I agree to pay all tuition fees by the 10th of each month. For each month that my tuition is not paid by this date I understand that a \$10.00 late fee will be imposed to my account. I also agree to pay all costume and recital fees that apply to my child(ren). It is understood that NO refunds will be given. My child has permission to participate in all dance classes and recital. "Expressions of Dance by Lisa" is not responsible for injuries outside the premises. This studio has my permission to use pictures and videos of my child(ren) for advertising purposes, on social media, and on our website.

Parent/Guardian Signature: _____ Date: _____

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