



Six Week Registration Form 2020

Dancer's Name _____

Parent/Guardian Name _____

Address _____ City/Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

E-mail: _____

Child's Age as of January 1st _____ Birthdate _____

Emergency Contact Name & Phone Number _____

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

We are interested in the following sessions:

Saturday's 9:00-9:45 am - \$60 per session

Session 1: January 11th-February 15th

Session 2: February 29th-April 4th

Session 3: April 18^h-May 30th **(No Class May 23rd)**

I agree to pay all tuition fees and registration fees associated with the six week sessions that I registered for above. It is understood that NO refunds will be given. My child has permission to participate in all dance classes. "Expressions of Dance by Lisa" is not responsible for injuries outside the premises. This studio also has my permission to use pictures of my child(ren) for advertising purposes.

Parent/Guardian Signature

Date