

Registration Form (2023-2024 Fall/Spring Session)



Student's Name	Date of Birth	Age
School Attending	Grade	
Parent (responsible for payment)	Relationship	Cell Phone
Parent (secondary)	Relationship	Cell Phone
Home Address	City	State
e-mail	Zip Code	
Emergency Contact/Relationship	Cell Phone	Work Phone

Please describe any information we might find helpful in working with your child or any physical/medical conditions we should know.

Title of Class	Please Circle Day	Class Start Time	Class Length
1.	M T W T F S		
2.	M T W T F S		
3.	M T W T F S		
4.	M T W T F S		
5.	M T W T F S		

Office Use Only

- ☐ New Student
☐ Returning Student
☐ Continuing Student

Weekly # of classes _____

Monthly Tuition _____

Registration Fee _____

Total Due _____

Amount Paid _____

Start Date _____

Dance Year _____

By _____

I/We have voluntarily enrolled the child named above in Amanda's Dance Express LLC and hereby consent to their participation. I/We are responsible for paying tuition and fees on time. I/We have reviewed all of the policies listed on page two of this form (if printed from the website Studio Policies) and agree to all of them.

I/We hereby release, waive, discharge, and indemnify Amanda's Dance Express LLC, its affiliated organizations, and independent contractors, employees, instructors, representatives, owners, and/or tenants of the improvements and facilities wherein the classes or performances are conducted and all the persons, firms, entities, and corporations, from any actions, suits, damages, claims, or judgments that may result from any injuries, accidents, or loss.

Signed: _____

Name (printed): _____ **Dated:** _____