

MARIA'S SCHOOL OF DANCE

ENROLLMENT APPLICATION

STUDENT _____
(Last name) (First name)

AGE _____ DATE OF BIRTH _____

STUDENT CELL # _____ GRADE AS OF SEPT 2018 _____

PERSON RESPONSIBLE FOR ACCOUNT

(Last name) (First name)

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____

CELL PHONE _____ HOME PHONE _____

FATHER

MOTHER

NAME _____

NAME _____

ADDRESS _____

ADDRESS _____

PHONE

HOME _____

HOME _____

CELL _____

CELL _____

EMERGENCY CONTACT (IF PARENT /GUARDIAN ARE UNAVAILABLE)

NAME _____

RELATIONSHIP _____

PHONE _____

ALLERGIES OR SPECIAL INFORMATION

I WISH TO ENROLL IN THE FOLLOWING CLASSES:

TAP _____ BALLET _____ POINTE _____ JAZZ _____ MODERN _____

CONTEMPORARY _____ LEAPS/TURNS _____ YOGA _____

(All class assignments will be at teacher's discretion)

DANCE EXPERIENCE (NEW STUDENTS ONLY)

TO REGISTER FOR CLASSES PLEASE RETURN THIS COMPLETED APPLICATION ALONG WITH YOUR PAYMENT MADE PAYABLE TO:

**MARIA'S SCHOOL OF DANCE
1235 5TH AVENUE, STE. 1
NEW BRIGHTON, PA 15066**

(Non-refundable) REGISTRATION FEE **\$35.00**

IF YOU NEED MORE INFORMATION CONCERNING YOUR INDIVIDUAL TUITION PLEASE CALL US: **724-843-6763**

YOUR STUDENT IS CONSIDERED REGISTERED AFTER WE RECEIVE THE ABOVE PAYMENT IN FULL.

I HAVE REVIEWED THE POLICIES WITH MY STUDENT AND I UNDERSTAND AND AGREE TO ABIDE BY THE POLICIES OF MARIA'S SCHOOL OF DANCE. I ALSO GRANT PERMISSION TO USE MY CHILDS IMAGE IN PHOTOS OR RECORDINGS AND I RELEASE MARIA'S SCHOOL OF DANCE FROM ALL LIABILITIES THAT MAY RESULT IN MY CHILDS PARTICIPATION.

Parent/Guardian signature

Date