

# MARIA'S SCHOOL OF DANCE

## ENROLLMENT APPLICATION

STUDENT \_\_\_\_\_  
(Last name) (First name)

AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

STUDENT CELL # \_\_\_\_\_ GRADE AS OF SEPT 2017 \_\_\_\_\_

### PERSON RESPONSIBLE FOR ACCOUNT

\_\_\_\_\_  
(Last name) (First name)

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

#### FATHER

#### MOTHER

NAME \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE :  
HOME \_\_\_\_\_

PHONE :  
HOME \_\_\_\_\_

CELL \_\_\_\_\_

CELL \_\_\_\_\_

### EMERGENCY CONTACT (IF PARENT /GUARDIAN ARE UNAVAILABLE)

NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

PHONE \_\_\_\_\_

ALLERGIES OR SPECIAL INFORMATION

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I WISH TO ENROLL IN THE FOLLOWING CLASSES:

TAP \_\_\_\_\_ BALLET \_\_\_\_\_ JAZZ \_\_\_\_\_ POINTE \_\_\_\_\_ MODERN \_\_\_\_\_  
CONTEMPORARY \_\_\_\_\_ HIP HOP \_\_\_\_\_ MUSICAL THEATER/VOICE \_\_\_\_\_

DANCE EXPERIENCE \_\_\_\_\_

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

**MARIA'S SCHOOL OF DANCE**  
**1235 5<sup>TH</sup> 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