

Dianne's School of Dance
Summer Session Dance Registration 2012

Name: _____ Birthdate: _____
Parents Name: _____ Age: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____
Home Phone: _____ Cell Phone: _____
In Case of Emergency: _____ Relationship: _____

Terms of Summer Session Registration:

- 1- FULL PAYMENT is required for enrollment/confirmed spot/to receive summer discount if registered before May 15th.
- 2- If I withdraw my child from class or in the event of a no-show, no refund will be given unless a verified medical reason is presented.
- 3- Permission is given for my child to participate in all class activities.
- 4- Permission is given to Dianne's School of Dance, LLC to authorize emergency medical treatment for my child as needed.
- 5- Permission is given to Dianne's School of Dance, LLC to take photos/videos of my child to use for the studio website and promotional purposes.
- 6- Summer Session Classes are subject to cancellation at any time.

SIGNATURE: _____ DATE: _____

OFFICE USE ONLY:

Single Class- \$15 4 Lessons- \$50 7 Lessons- \$85 Unlimited Classes- \$100

Amount Due: _____

Amount Paid: _____

Method: _____

****Will receive _____ free Classes because registered before May 15th!!**

Total # of Classes: _____