

PAT BROWN SCHOOL OF DANCING 2018-2019

STUDENT NAME _____ **REG. DATE** _____

Account Name (Person responsible for tuition payments)			
Last Name	First Name		
Address		City	
State	Zip Code	Home Phone	

I want to pay my tuition: Monthly _____ Two Payments (Aug. & Jan.) _____ One Payment _____

Student Address (if different from account)				
Address	City	State	Zip	Home Phone
School	Grade	Birthday	Age (as of 9/1/2018)	Years at our school (do NOT include this year):
Previous training? Please list past experience in dance (include styles of dance and number of years)				
Mothers Name:		Work Number:		Cell Number:
Fathers Name:		Work Number:		Cell Number:
In case of emergency, please notify (someone other than Mother or Father) Name and Number				
Name:		Number: STUDENT CELL (if over 15)		
Doctor Name:		Number:		Personal Email Address:
Programs or curriculum choices: CIRCLE INTREST				
<u>Primary I, II, III</u> (ages 3-Kindergarden)				
<u>Ballet Pointe Tap Jazz Lyrical Hip-Hop Acrobatics Stretch class</u>				
<u>Adult Program Student Teacher Program 14 and up Other</u>				
If you want more than one of the same type of class, please write in below extra classes:				
Extra class				
Any health or physical restrictions?				
Which days are known conflicts?				
How did you hear about our school?				
Newspaper	Performance	Phone Book	Word of Mouth	Web site
Other				

PLEASE NOTE: YOU WILL RECEIVE A POLICY SHEET THAT INCLUDES DRESS CODES AND OTHER INFORMATION BEFORE CLASSES BEGIN.

Recital Information and responsibilities

Recital participation WILL BE ASSUMED and you will be charged for a costume for each class that will do a dance and recital fees. You will receive the policies about costumes, rehearsals and performances when they come out in September. At that time, if you **do not want to participate**, sign the recital **withdrawal form** and turn it in by Nov 1, 2018.

I ASSUME ALL FINANCIAL RESPONSIBILITY FOR THE ABOVE STUDENT UNTIL I GIVE WRITTEN NOTIFICATION TO WITHDRAW MY CHILD FROM CLASSES OR RECITAL. I HAVE ENCLOSED MY REGISTRATION FEE AND FIRST MONTHS TUITION DEPOSIT WITH THIS FORM.

SIGNED: _____ **DATE:** _____

STUDENT NAME _____ ACCOUNT NAME _____

STUDENT CELL# (IF OVER 16) _____

FOR OFFICE USE ONLY:

RECEIVED POLOCIES _____

REGISTRATION DATE _____ / _____ /2018 _____ EARLY REG. _____ STANDARD REG. _____ LATER REG. _____

TUITION IS: MONTHLY \$ _____ TWO PAYMENTS \$ _____ ONE PAY \$ _____

SIBLING \$ _____

CLASS NUMBERS	MON	TUES	WED	THURS	FRI
PRIMARY	_____	_____	_____	_____	_____
BALLET	_____	_____	_____	_____	_____
TAP	_____	_____	_____	_____	_____
ACROBATS	_____	_____	_____	_____	_____
JAZZ	_____	_____	_____	_____	_____
POINTE	_____	_____	_____	_____	_____
HIP HOP	_____	_____	_____	_____	_____
LYRICAL	_____	_____	_____	_____	_____
STRETCH	_____	_____	_____	_____	_____
ADULT	_____	_____	_____	_____	_____
TEACHER TRAINING	_____	_____	_____	_____	_____

NOTES BY TEACHER OR OFFICE ONLY: