

PAT BROWN SCHOOL OF DANCING Registration 2019-2020

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 9/1/2019)	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 (ages 3-Kindergarden)</u>				
<u>Ballet Pointe Tap Tumbling Jazz Lyrical Hip-Hop Acrobatics Stretch class</u>				
<u>AdultProgram StudentTeacherProgram 14andup 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	PhoneBook	WordofMouth	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, 2019.

I ASSUME ALL FINANCIAL RESPONSIBILITY FOR THE ABOVE STUDENT UNTIL I GIVE WRITTEN NOTIFICATION TO WITHDRAW MY CHILD FROM CLASSES .. 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 POLICIES _____

REGISTRATION DATE _____ / _____ /2019 _____ EARLYREG. _____ STANDARDREG. _____ LATEREG. _____

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: