

Dancer's Studio
 609 Main Street
 Clarion, PA 16214
 (814) 226-4132

Registration Form

Registration Date:

Account No.

Billing Name

Address

City State Zip/Postal

Hm Phone

E-Mail

Parent 1 Hm. Phone

Employer Wk. Phone

Cell

Parent 2 Hm. Phone

Employer Wk. Phone

Cell

Emergency Contacts Phone

Phone

Student Name

Address

City State Zip/Postal

E-Mail

Birthdate Sex

Medical Info:

Allergies:

Classes

Name	Level	Room	Day	Time	Tuition
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Registration Fee:

Total Tuition:

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I, _____ give my permission for the Dancer's Studio to use my child's picture for use on website and or other publications.

We cannot be held liable for any injury to students during any of our classes or on the school premises.

Method of Payment: (check one)

_____ Check or money order - Check Number: _____

_____ Credit card (check one) _____ Visa _____ MasterCard _____ Discover

Card Number: _____

Exp Date: _____

V-Code on back of card (3 digits) _____

_____ Full Payment is Enclosed.

_____ Four Monthly Payments. First Month's Payment is enclosed.

_____ I am sending the first month's payment but intend to pre-pay by September 13th.

_____ I have enclosed the \$25.00 registration fee for all new students.

MAKE CHECKS AND MONEY ORDERS PAYABLE TO: DANCER'S STUDIO

Parent Signature: _____ Date: _____