

REGISTRATION FORM

MAIL OR BRING TO STUDIO

Please provide us with the following information so we may update our records for the current year. For accuracy purposes, it is important that you fill out a separate form for each child enrolled in Maxine's Studio of Dance.

STUDENT & PARENT/GUARDIAN INFORMATION

STUDENTS FULL NAME _____

STUDENTS AGE _____ GRADE IN SCHOOL IN SEPTEMBER _____

CLASS AND LEVEL _____

PARENT'S NAME (S) (GUARDIAN) RESPONSIBLE FOR CHILD

PARENT/GUARDIAN ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

Email _____ (Best way to get snow closings and last minute reminders)

BILLING INFORMATION

Circle one...

YES...I WOULD LIKE MY BILLS SENT TO ME VIA EMAIL AT THIS EMAIL _____

NO... PLEASE HARD COPY ME MY BILLS

NAME OF PERSON RESPONSIBLE FOR BILLING _____

BILLING ADDRESS _____

BILLING PHONE NUMBER _____ 2ND NUMBER _____

(PARENT/GUARDIAN) SIGNATURE _____