

Amanda's Dance Express L.L.C. – Registration 2011-2012

Student's Name	Date of Birth	Age
School Attending	Grade	
Mother's Name	Employer	Cell Phone
Father's Name	Employer	Cell Phone
Home Address	City	State
eMail	Home Phone	
Emergency Contact/Relationship	Cell Phone	Work Phone

Please describe any information that we will find helpful in working with your child or any physical/medical conditions we should be aware of.

Please Enroll My Child In The Following Classes			
Title of Class	Please Circle Day	Class Start Time	Class Length
1.	M T W T F S		
2.	M T W T F S		
3.	M T W T F S		
4.	M T W T F S		
5.	M T W T F S		
6.	M T W T F S		

Office Use Only

New Student
 Returning Student
 Continuing Student

Total Weekly Hours Instruction _____

Monthly Tuition _____

Registration Fee _____

Total Due (Two month's tuition & registration) _____

Amount Paid _____

Start Date _____

Dance Year _____

By _____

I/We have voluntarily enrolled the above named child in Amanda's Dance Express L.L.C. and hereby consent to his/her participation. I/We are responsible for the payment of tuition and fees in a timely manner. I/We have reviewed all of the policies listed on page two of this form (if printed from the website [Studio Policies](#)) and agree to all of them.

I/We hereby release, waive, discharge, and indemnify Amanda's Dance Express L.L.C., its affiliated organizations and independent contractors, employees, instructors, representatives, assigns, owners, and/or tenants of the improvements and facilities wherein the classes or performances are conducted and all the persons, firms, entities, and corporations, from any actions, suits, damages, claims, or judgments that may result from any and all injuries, accidents, or loss.

Signed: _____

Name (printed): _____

Dated: _____