

Praise HIM WITH Dance

STUDIO

Registration Form 2008-2009 Season

Today's Date: _____

Dancer Under 18

Family Name: (Parent) _____			
Last	Mom's First	Dad's First	
Family Address:			
_____	_____	_____	_____
Street	City	State	Zip Code
Phone Information:			
_____	_____	_____	
Home	Mom's cell	Dad's cell	

Preferred email for all studio information and tuition invoices (Please print carefully)			

Emergency Contact Information: (other than someone in your household)

Name: _____ Phone: _____

Dancer 18 and Over

_____		_____	
Last Name	First Name		
Address:			
_____	_____	_____	_____
Street	City	State	Zip Code
Phone Information:			
_____	_____	_____	
Home #	Cell #	Emergency Contact (Name/#)	

Preferred email for all studio information and tuition invoices			

How did you find out about us? (Please inform us so we know how to spend our advertising monies)

Referred by a dancer
 Community newspaper
 Drive by
 Phone Book
 Website
 Other

Liability & Behavior Agreement

Praise Him With Dance strives for excellence in performance and teaching so that the Lord may be glorified in all that we do and say. We need your support and prayers. Please discuss the studio guidelines and the dress code with your child so that there is complete understanding of what will be expected of them. Dancers whose behavior is a constant problem will be excused permanently from classes after parents have been notified.

My signature below absolves *Praise Him With Dance* and staff from any and all liability connected with my own or my child's participation in classes or events at *Praise Him With Dance*. I understand that dance is a potentially dangerous activity. I hereby authorize *Praise Him with Dance* and staff to seek emergency medical care if necessary for my child/children or myself. I understand that efforts will be made to contact me first in case of emergency. I hereby release *Praise Him With Dance* and staff from any and all acts taken in good faith while under the instruction, teaching or supervision of *Praise Him With Dance* and its staff members.

_____	_____	_____
Signature of Parent or Legal Guardian	Print Name	Date
_____	_____	_____
Signature of Dancer if 18 years or older	Print Name	Date

1st Dancer: _____
 Last _____ First _____ Date of Birth _____
 Reg. fee \$ _____ # _____ 1 hr. classes= _____ # _____ 1.5 hr. classes= _____ # _____ 2 hr. classes= _____ Total Due _____

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
CLASS #/LEVEL						
TIME/STYLE						
CLASS #/LEVEL						
TIME/STYLE						
CLASS #/LEVEL						
TIME/STYLE						
CLASS #/LEVEL						
TIME/STYLE						
CLASS #/LEVEL						
TIME/STYLE						

2nd Dancer: _____
 Last _____ First _____ Date of Birth _____
 Reg. fee \$ _____ # _____ 1 hr. classes= _____ # _____ 1.5 hr. classes= _____ # _____ 2 hr. classes= _____ Total Due _____

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
CLASS #/LEVEL						
TIME/STYLE						
CLASS #/LEVEL						
TIME/STYLE						
CLASS #/LEVEL						
TIME/STYLE						
CLASS #/LEVEL						
TIME/STYLE						
CLASS #/LEVEL						
TIME/STYLE						

3rd Dancer: _____
 Last _____ First _____ Date of Birth _____
 Reg. fee \$ _____ # _____ 1 hr. classes= _____ # _____ 1.5 hr. classes= _____ # _____ 2 hr. classes= _____ Total Due _____

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
CLASS #/LEVEL						
TIME/STYLE						
CLASS #/LEVEL						
TIME/STYLE						
CLASS #/LEVEL						
TIME/STYLE						
CLASS #/LEVEL						
TIME/STYLE						

OFFICE USE ONLY

Total -- Reg. fees + 1st mo. Tuition \$ _____ Amt.Pd. \$ _____
 Method of Payment: CC Cash Check# _____ Date Pd. _____ Entered _____