



Returning Student Registration 2018-2019

Student's Name: _____ Mom's Name _____

Age _____ Birthdate ____/____/____ List Allergies (if any): _____

Address _____ City: _____ Zip _____

Home Phone: (____) _____

Mom Cell: (____) _____ Dad Cell: (____) _____

Contact Name other than Parents: _____ Cell/Phone of Contact: (____) _____

Student Cell: (____) _____

PARENT EMAIL: _____ Interested in Auto Pay? Y N (Forms at the office)

Best Class Days _____ Best Class Times _____

Sat Class Needed: Yes _____ / No _____ * Earliest Time you can get to studio _____

Days & Times **NOT** Available: _____

PRE-SCHOOL & COMBO CLASSES AVAILABLE FOR AGES 3 - 7.5

Children will be placed in classes with students that are their same age. Must be 5.5 to add Jazz &/or Hip-Hop
(Circle your choice)

- | | |
|---|---------|
| 1. Ballet & Tap Combo 1 hour | \$62.00 |
| 2. Ballet /Tap /Jazz or Hip-Hop 1.5 hours | \$84.00 |
| 3. Ballet /Tap /Jazz /Hip-Hop 2 hours | \$97.00 |

INDIVIDUAL CLASSES FOR AGES 8 & UP

Price is per individual child and not family.
(Circle your choice) 45 min classes.

Ballet	Tap	Jazz	Hip-Hop	Lyrical
	1 Class -	\$62.00		
	2 Classes -	\$94.00		
	3 Classes -	\$122.00		
	4 Classes -	\$150.00		
	5 Classes -	\$175.00		

PHOTO / VIDEO / MEDICAL RELEASE FORM:

I agree to the terms of enrollment to Yvonne's School of Dance including a (1) time non-refundable registration fee for all new students. Parents/legal guardians automatically grant Yvonne's School of dance permission to use photos or videotape for advertising and publicity purposes inclusive of television, videotape, film broadcast, newspaper, print ads or website. No monetary compensation will be made and due to editing, the material used is at the discretion of the dance studio. I also agree to hold harmless from any and all liability the school, its officers, employees both in their professional capacity and personally for all injury or illness resulting from or in any way connected with his/her participation in the classes, activities or special events at the school or any dance function outside the school.

I also give my permission to Yvonne's School of Dance to seek emergency medical attention for my child if necessary.

 Parent/Guardian Signature

 Date