A Step in Time Dance Studio Registration Form for Fall/Spring 2018-19

Returning Student	New Student	
Contact Information: F	Parent/Guardian name	
Street Address		
		Other
Email Address		
	pick up student	
• Student 1 Name Class(es): (time a	nd class, i.e. Monday 4:15 Ballet 1)	D.O.B
• Student 2 Name Class(es): (time a	nd class, i.e. Monday 4:15 Ballet 1)	D.O.B
• Student 3 Name Class(es): (time a	e nd class, i.e. Monday 4:15 Ballet 1)	D.O.B
Enrollment fee	All payments will be first ap	Costume Fee \$ Recital Fee \$ plied towards tuition.
Statement" and "Auto Debit A student(s) to participate in th all liability "A Step in Time" an	greement" and agree with the terms and poli ne above listed classes. I understand dance is	eement" and I have read and understand the "Studio Policy cies set forth. I grant permission for the able indicated a physical activity with an inherent risk. I release from any and actors and agents. Additional copies of the "Studio Policy
Signed	Date	
I grant permission for A S	tep in Time to use my child's photo for pu to identify subjects in publicity for advert	rposes of publicity and advertising including webpage.
Special Conditions: Please	e inform us about any special informatio Jse the space provided on the back of this	n about your child that you feel would benefit us in spage if necessary. (i.e. old injury, diabetes, asthma, ADD,