

2010-2011 STUDENT REGISTRATION FORM

Note: Separate registration form and health form required for *each student*

STUDENT NAME : _____

Date of Birth: _____

PARENT(S) NAME: _____

ADDRESS: _____

PHONE: _____ **E-MAIL** _____

all studio notices and updates are sent via e-mail

<u>Class(es) Desired:</u>	<u>Day</u>	<u>Time</u>	<u>Teacher</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Additional Classes that you may desire:

We will contact you before June 15th, if these classes will be added to the schedule.

Please return the following to LAD, 620 Paxton Place suite 107, Lititz, Pa 17543:

1. Student registration form
2. Non-refundable registration fee of \$25.00 per student due with Registration Form to secure your space.
3. Medical/Refund Information sheet (print out @ www.lititzacademyofdance.com)

Thank you!

For office use only

Date Received: _____ Reg. Paid: _____

Check # _____ Cash _____

