2011-2012 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****

Class(es) Desired: Day Time_ Teacher ___

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

1. **Student registration form**
2. **Medical/Refund Information sheet (print out @ www.lititzacademyofdance.com)**
3. **Non-refundable registration fee of $25.00 per student ($50 max.) due with Registration Form to secure your space**
4. **First installment tuition payment- your next payment will be Sept. 1, 2011**

_____ I have included my first months installment and registration fee.

_____ I will be mailing my annual payment by 7/15/11. However, have enclosed my registration fee.