# 2020-2021 STUDENT REGISTRATION FORM

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

**STUDENT NAME :** _____

**Date of Birth:** _____      **Age** _____

**PARENT(S) NAME:** _____

**ADDRESS:** _____

_____

**PHONE:** _____ **\*E-MAIL** _____

**\*ALL STUDIO NOTICES AND UPDATES ARE SENT VIA E-MAIL\***

## Class(es) Desired:   Teacher ___ Day        Time

**Please list classes in the order of the days of the week (Mon-Sat).**

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**Please return the 4 following items 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. **\*\*$25.00 Non-refundable registration fee** of per student ($60 max 3 or more.). Payment must be enclosed to secure your space.
4. *First* **installment tuition payment**- your *next payment will be Sept. 1, 2020.*  An email tuition reminder will be sent to the email address you listed above, thru the online service Constant Contact.

_____ PLEASE INCLUDE YOUR DANCER'S T-SHIRT SIZE