

2023-2024 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).

Please return the 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** per student. Payment must be enclosed to secure your space.
4. **First installment tuition payment**- An email tuition reminder will be sent to the email address you listed above, thru the online service Constant Contact.

