

# **STUDENT REGISTRATION FORM**

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

**STUDENT NAME :** \_\_\_\_\_

**Date of Birth:**\_\_\_\_\_ **Age**\_\_\_\_\_ **Grade Entering**\_\_\_\_\_

**Parent(s) or Guardian:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

Check box if a new email address

**PHONE:** \_\_\_\_\_ **\*EMAIL** \_\_\_\_\_

\*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 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](http://www.lititzacademyofdance.com) )
3. **\*\*\$25.00 Non-refundable registration fee** per student. Payment must be enclosed to secure your space.
4. **Include First installment tuition payment** - Tuition reminder will be sent to the email address you listed above thru the online service Constant Contact. **SECOND tuition installment** is due Sept.1.