



Total Amount Paid \_\_\_\_\_  
Check # or Cash \_\_\_\_\_ Date Paid \_\_\_\_\_

# Summer Class Registration Form—2019

Student 1

Student 2

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Class Title: \_\_\_\_\_ Section: \_\_\_\_\_ Tuition: \_\_\_\_\_

Class Title: \_\_\_\_\_ Section: \_\_\_\_\_ Tuition: \_\_\_\_\_

1<sup>st</sup> Class \_\_\_\_\_

1<sup>st</sup> Class \_\_\_\_\_

2<sup>nd</sup> Class \_\_\_\_\_

2<sup>nd</sup> Class \_\_\_\_\_

3<sup>rd</sup> Class \_\_\_\_\_

3<sup>rd</sup> Class \_\_\_\_\_

4<sup>th</sup> Class \_\_\_\_\_

4<sup>th</sup> Class \_\_\_\_\_

5<sup>th</sup> Class \_\_\_\_\_

5<sup>th</sup> Class \_\_\_\_\_

6<sup>th</sup> Class \_\_\_\_\_

6<sup>th</sup> Class \_\_\_\_\_

Student One Total Tuition \$ \_\_\_\_\_

Student Two Total Tuition \$ \_\_\_\_\_

**\$ \_\_\_\_\_ (Student One Total) + \$ \_\_\_\_\_ (Student Two Total Tuition) = \$ \_\_\_\_\_ Total Family Tuition Enclosed**

WE REALIZE SUMMER GETS BUSY, SO IF YOU MISS CLASS, PLEASE JOIN US FOR ANY OTHER CLASS AS A MAKE-UP.  
NO REFUNDS WILL BE GIVEN. No classes July 4<sup>th</sup> or the week of July 22-25.

Medical Issues: \_\_\_\_\_

Type of Previous experience \_\_\_\_\_

Former dance studio/# yrs attended \_\_\_\_\_ / \_\_\_\_\_

I hereby consent that all photographs and video taken and presented by this studio may be used for the purpose of display, advertising or publication in any manner. I further agree that the photographs/images submitted by the undersigned may be reproduced without additional compensation to the undersigned or their representatives. I also declare that I have legal authority to grant these permissions, and I accept all the responsibilities for such. Authorized signature of subject (must be of legal age, 18, or older) or signature of parent or guardian for minors.

Signature of Parent \_\_\_\_\_

Parents' Name: \_\_\_\_\_ \* \_\_\_\_\_ Check if contact info has changed

Primary Address, City, State, Zip \_\_\_\_\_

Secondary Address, City, State, Zip \_\_\_\_\_

Mom Phone #: Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Dad Phone #: Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Student Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Send registration form and check to: Jan Tripp 11775 Lehigh Avenue, Hastings, MN 55033.

You will not receive a separate confirmation. Please come to the class you registered for unless you hear differently.

