

New Creations Dance Studio and Performing Arts Center Registration Form

Student Name _____

School _____ Grade _____

Birth date _____ Age _____

Parent/Guardian Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone Number (____) _____ Cell Phone Number (____) _____

Work Phone Number (____) _____

Email Address _____

Emergency Contact Name _____

Relation to Student _____

Phone Number (____) _____

Medical Info/Allergy Info _____

Medical Release

In the event you are unable to reach me, in the case of accident or injury, I give my permission for treatment as deemed necessary by staff or emergency personnel. I also release New Creations Dance and Performing Arts Center and its staff of liability in case of injury or accident incurred to:

Child Name _____ -

Parent/Guardian Signature _____

Date _____

Studio Information and Policies

I have received a paper/digital copy of all studio information and policies including monthly fees, insurance, bad weather/holiday policies, attendance, class observation and practice wear. I fully understand and agree to abide by these policies.

Parent/Guardian Signature _____

CLASSES ENROLLED IN

Class/Camp	Yrs experience	Room	Day	Time	Minutes/ hours
1.					
2.					
3.					
4.					
5.					
6.					

Enrollment Fee: _____

Recital Fee: _____

FOR OFFICE USE ONLY: TOTAL TUITION DUE _____