

TANDEM TOES

New Student Registration Form

Student Information

Student's Name: _____ Date of Birth (MM/DD/YYYY): _____

Mailing Address: _____

Primary Phone: _____

Name of Person responsible for paying fees: _____

Primary Email Address: _____

Primary Billing Phone # _____

Legal Release and Policy Acceptance (please initial)

___ I/we understand the Studio Policies ___ I/we understand my billing obligations

___ I/we understand the risks related to dance ___ I/we understand my responsibilities for my property

___ I/we understand the dress code ___ I/we understand the schedule

___ I/we give media use rights permission ___ I/we understand the attendance policy

Signature / Responsible Party

Date

Classes

Class Name	Meeting Date(s) / Time	Fees / Minutes
CREATIVE DANCE WITH MS ALISSA	FRIDAY 10AM	\$30 FOR 3 / \$15 DROP-IN

Registration Fee: _____

Tuition: _____

Total Monthly Tuition _____

Medical

Allergies: _____

Will your child require any special medical attention during a normal class: (yes/no) _____

If yes – Explain: _____

----- OFFICE ONLY -----

[] – Recorded [] Paid in full [] On hold Processed by: _____ Special Notes: _____