

**BRIDGET'S DANCE STUDIO REGISTRATION FORM-
2009 - 2010**

Student Name: _____

Birthdate _____ Age _____

Parent Name: _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email: _____

Bridget's Dance Studio will be sending out periodic weekly newsletter with information and updates. In order to receive this information, your email address must be included on this form.

Emergency Contact _____ Contact Phone _____

Physician Name _____ Physician Phone _____

Known Medical Conditions _____ Allergies? _____

Taking Medication? _____ If so what? _____

Registration and Recital Fees are due with this registration form. No student will be enrolled in classes without payment.

Registration Fee: \$10.00 (Waived if registered before May 31st, 2009)

Recital Fee: \$20.00- Per Student or \$35.00 Per Family (For families with multiple students enrolled)

I am interested in taking the following classes:

Please list the day and time you prefer.

Day _____ Time _____

Day _____ Time _____

Payment for classes is due on or before your first day of classes at the studio.

By signing the enrollment form as a participant or guardian of participant: I agree to abide by all rules and regulations set forth by Bridget's Dance Studio. All cancellations must be received with a 15 day notice and tuition due by dates set. All late payments will be subject to a late fee of \$30.00 at director's discretion. To the best of my knowledge there are no physical limitations that would prevent from participating in the program. Participation in said program is at my own risk and the place of business or Bridget's Dance Studio is not responsible for any injuries that may occur.

Signature _____ Date: _____