

OFFICE USE ONLY

Date received: \_\_\_\_\_

On roll sheet? \_\_\_\_\_

Payment: \_\_\_\_\_

Notes: \_\_\_\_\_



## 2017-18 REGISTRATION FORM

Student's name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

In pre-school? \_\_\_\_\_ If in school, what grade/school? \_\_\_\_\_ Adult student? \_\_\_\_\_

Parent(s) name (if under 18) \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Parent 1: Home ph \_\_\_\_\_ Work ph. \_\_\_\_\_ Cell ph. \_\_\_\_\_

Parent 2: Home ph \_\_\_\_\_ Work ph. \_\_\_\_\_ Cell ph. \_\_\_\_\_

Dancer cell ph \_\_\_\_\_ Emergency contact name and phone \_\_\_\_\_

Doctor/phone \_\_\_\_\_ Allergies/other medical \_\_\_\_\_

Class(es) for which you wish to register:

Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_ Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_ Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_ Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Payment Information

**NOTE: all accounts will require a credit or debit card (Visa, Master Card, or Discover) securely encrypted on file which will be charged automatically on the first day of each 4-week pay period or quarter (whichever you choose when you register.) If you would like to use another method of payment (cash or check), you can pay 2 days prior to the first day of the pay period and your card will not be charged.**

\_\_\_\_\_ Please charge my Visa / Master Card / Discover / American Express (circle one) in the amount of:

\$ \_\_\_\_\_ Acct. # \_\_\_\_\_ Exp. Date \_\_\_\_\_

\_\_\_\_\_ automatically every four weeks \_\_\_\_\_ automatically quarterly

If you are a new student this year, how did you hear about us? \_\_\_\_\_

I give Johansen Olympia Dance Center permission to photograph me/my child and use the photos in promotional materials. Johansen Olympia Dance Center agrees to only use the photos to help in promoting the school and its programs. I agree that I will not hold Johansen Olympia Dance Center, or any faculty member or employee, liable for injuries sustained or illnesses contracted by me/my child while a student of Johansen Olympia Dance Center.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_