

Alwin School of the Dance

10410 Comanche, NE

298-5551

Registration Form

2009-2010 School Year

Welcome! We are pleased that you have selected us for your dance education.

Classes are offered in the subjects of Ballet, Cecchetti, Jazz, and Tap. All students in the same family should be listed on this form. Please return this form with an annual \$15.00 registration *per family*.

Student's Name

Date of Birth

Dance Subjects (please circle)

1. _____ <small>Please print clearly</small>	_____							Ballet	Cecchetti	Jazz	Tap
1 st day requested:	M	Tu	W	Th	F	S		Earliest time available:			
2 nd day requested:	M	Tu	W	Th	F	S		Earliest time available:			
3 rd day requested:	M	Tu	W	Th	F	S		Earliest time available:			
Day(s) <u>not</u> available:	M	Tu	W	Th	F	S		Comments: _____			
2. _____ <small>Please print clearly</small>	_____							Ballet	Cecchetti	Jazz	Tap
1 st day requested:	M	Tu	W	Th	F	S		Earliest time available:			
2 nd day requested:	M	Tu	W	Th	F	S		Earliest time available:			
3 rd day requested:	M	Tu	W	Th	F	S		Earliest time available:			
Day(s) <u>not</u> available:	M	Tu	W	Th	F	S		Comments: _____			
3. _____ <small>Please print clearly</small>	_____							Ballet	Cecchetti	Jazz	Tap
1 st day requested:	M	Tu	W	Th	F	S		Earliest time available:			
2 nd day requested:	M	Tu	W	Th	F	S		Earliest time available:			
3 rd day requested:	M	Tu	W	Th	F	S		Earliest time available:			
Day(s) <u>not</u> available:	M	Tu	W	Th	F	S		Comments: _____			

Please turn this registration form over to complete.

Parent or Legal Guardian Information

Parent(s) Name: _____

Please Print Clearly

Address: _____

City: _____

Home Number: _____ Contact Person: _____

Cellular Number: _____ Contact Person: _____

Business Number: _____ Contact Person: _____

****Please circle and indicate the 1st and 2nd emergency contact phone numbers.****

Medical and Emergency Information

Does your child or any of your children that are now enrolled have any medical condition, concern, or take any medications that we should be aware of? YES NO (Please circle)

If "YES", please explain:

List any and all injuries that will affect your child's or children's performance:

If none, please state by writing "NONE" in the space provided above.

Does your child or children have any medical concerns or injuries *not* listed above? No Yes

Parent or Legal Guardian's Acknowledgment

I, _____, am the parent and/or legal guardian of _____ (print name). I am voluntarily enrolling them to take dance instruction from Alwin School of the Dance. I am also accepting financial responsibility for full payment of the classes that I registered for. Proper notification to the front office has to be provided and received that your child/children are canceling. Charges will continue through the end of each month's billing cycle. I, the undersigned parent and/or legal guardian, hereby release Alwin School of the Dance, its instructors, and agents, from any and all liability for personal injury or property loss or damage incurred by you, your child/children while on the property of Alwin School of the Dance. I have read and understand all the information within this registration form. All of the information provided throughout this registration form is true and correct.

Parent/guardian signature

Printed name

Date