



RETURNING STUDENT REGISTRATION FORM

STUDENT NAME: _____ DATE OF BIRTH: _____

AGE (As of Sept.1, 2010): _____ SCHOOL: _____ GRADE: _____

STUDENT EMAIL ADDRESS (for rehearsal info, fundraising events, etc) _____

IF ANY INFORMATION HAS CHANGED SINCE THE PREVIOUS YEAR, PLEASE MAKE NOTE OF IT ON THE LINES BELOW
(SHOULD INCLUDE CHANGE OF ADDRESS, PHONE NUMBERS, EMAIL ADDRESSES, MEDICAL INFORMATION, ETC.)

PLEASE FILL IN THE DAY(S) AND TIME(S) YOU WISH TO ATTEND CLASS:
(Schedule is included in the brochure)

TUITION PAYMENTS (Check One)
QUARTER () SEMIANNUAL () ANNUAL ()

CHECK ENCLOSED FOR \$ _____ **

PLEASE SEND PAYMENTS TO THE FOLLOWING ADDRESS:
DANCE ARTS
95A MAINLINE DRIVE
WESTFIELD, MA 01085

SIGNATURE - PARENT

****PLEASE NOTE:**
REGISTRATION IS *NOT* COMPLETE WITHOUT A NON - REFUNDABLE REGISTRATION FEE OF \$10.00 PER STUDENT OR \$15.00 PER FAMILY

IF YOU WOULD LIKE US TO BE AWARE OF ANY MEDICAL CONDITIONS,
PLEASE DESCRIBE BELOW:
