



RETURNING STUDENT SUMMER REGISTRATION FORM

STUDENT NAME: _____ DATE OF BIRTH: _____

AGE (*As of June 1, 2009*): _____ 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 **\$50.00** PER STUDENT

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