

2024-2025 REGISTRATION FORM

Please send in the **COMPLETED REGISTRATION** form below with **FULL PAYMENT FOR THE FIRST QUARTER TUITION.**
TUITION: PLEASE SEE ENCLOSED INFORMATION.

You will receive a confirmation when your registration and payment is received.
Full Refunds will be given for any class that is cancelled due to registration.

A picture of your child along with the signed liability form is required with your registration or it will not be accepted.

Student's Name: _____ Student's Address: _____

Student's email: _____

Student's Cell #: _____

Mother's Name: _____ Class Type/Day/Time _____

Mother's email: _____ Class Type/Day/Time _____

Mother's Cell # *and Carrier*: _____ Class Type/Day/Time _____

Father's Name: _____ Class Type/Day/Time _____

Father's email: _____ Class Type/Day/Time _____

Father's Cell # *and Carrier*: _____ Class Type/Day/Time _____

Age as of September 2024 _____ Birthdate _____ Amount Enclosed \$ _____

School/Grade in Fall _____ Please make checks payable to: ***Jane Lopoten School of Dance***

Years of dance experience and in which forms of dance _____

LIST MEDICAL CONDITIONS & ALLERGIES ON REVERSE SIDE.