

# 2025-2026 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 2025 \_\_\_\_\_ 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.**