



2009-2010 REGISTRATION FORM

Student's name _____ Age _____ Birthdate _____

In pre-school? _____ If in school, what grade/school? _____ Adult student? _____

Parent(s) name (if under 18) _____

Street Address _____

City, State, Zip _____ Email _____

Parent 1: Home ph _____ Work ph. _____ Cell ph. _____

Parent 2: Home ph _____ Work ph. _____ Cell ph. _____

Dancer cell ph _____ Emergency contact name and phone _____

Doctor/phone _____ Allergies/other medical _____

Class(es) for which you wish to register:

Class: _____ Day: _____ Time: _____ Class: _____ Day: _____ Time: _____

Class: _____ Day: _____ Time: _____ Class: _____ Day: _____ Time: _____

Class: _____ Day: _____ Time: _____ Class: _____ Day: _____ Time: _____

Payment options (please note dancer's name/class/day of week on all payments)

____ Check is enclosed

____ Please charge my Visa / Master Card / Discover (circle one) in the amount of:

\$ _____ Acct. # _____ Exp. Date _____

____ for this first payment ____ automatically every four weeks ____ automatically quarterly

____ I will send my payment via automatic bill pay through my financial institution

If you are a new student this year, how did you hear about us? _____

I give Johansen Olympia Dance Center permission to photograph me/my child and use the photos in promotional materials. Johansen School of Ballet agrees to only use the photos to help in promoting the school and its programs. I agree that I will not hold Johansen Olympia Dance Center, or any faculty member of employee, liable for injuries sustained or illnesses contracted by me/my child while a student of Johansen Olympia Dance Center.

Signature _____ Date _____