



REGISTRATION FORM

PLEASE COMPLETE ONE FORM PER CHILD
Registration Fee Per Person (NON-REFUNDABLE)
\$15 Before May 1st, \$30 After May 1st

Student's Name: _____ Goes By: _____ Birthdate: _____
Address: _____ City: _____ Zip: _____
Parent's Name: _____ Home Phone: _____
Cell Phone: _____ Work Phone: _____
Email Address (used for all correspondence): _____ School: _____
Age: _____ Grade in September 2017: _____
Emergency Contact: _____ Phone: _____
Does the student have any special medical considerations? _____

Previous years of Dance Experience: _____ C.D.C. Years: _____
Dance Style Experience: (Ex: Ballet, Tap, Jazz etc.) _____
(including 2017-2018)

STUDENT WILL BE ENROLLING IN THE FOLLOWING COURSES: (CHECK ALL THAT APPLY)

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| <input type="checkbox"/> Ballet and Tap Combo (Ages 3 and up) | <input type="checkbox"/> Jazz (Ages 6 and up) | <input type="checkbox"/> Returning Company
(Lyrical, Tap and Jazz) |
| <input type="checkbox"/> Hip Hop (Ages 7 and up) | <input type="checkbox"/> Pointe (Ages 11 and up)
<i>(Must have 2 consecutive years of ballet)</i> | |
| <input type="checkbox"/> Tap Intensive (Ages 11 and up) | <input type="checkbox"/> Ballet Intensive (Ages 11 and up) | |

I, the undersigned, do hereby not hold Covington Dance Company, the teachers, assistants and associates responsible for any injuries to my child while attending any dance class, event association or outside performance. I also realize that I have full responsibility for my child prior to and immediately after his/her class. I understand that tuition is figured on a monthly basis and I am responsible for paying all communicated costs involved. I understand tuition is due by the 10th of each month and a \$10.00 late fee will be added to accounts not paid by the 10th of each month. No refunds or deductions are given if a child misses class for any reason. I hereby give permission for Covington Dance Company to take photographs and/or videos for promotional uses for the school.

PARENT/GUARDIAN'S SIGNATURE: _____ DATE: _____

OFFICE USE ONLY	Date Registered: _____	Cash: _____	Check#: _____
Tuition \$ _____ per month	Reg. Fee \$ _____	Family: Yes/No	