



(985) 247-2285

www.CovingtonDanceCompany.com

2018-2019

Registration Form

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

Dancer's Name: _____ Goes By: _____ Birth date: _____

Address: _____ City: _____ Zip: _____

Parent's Name: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Age: _____ Grade in September 2018: _____

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.): _____

Email Address: _____

(all correspondence is through email)

Student will be enrolling in the following courses: (check all that apply)

- | | | |
|---|---|---|
| <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)
<small>Must have 2 consecutive years of ballet)</small> | |
| <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 or Guardian Printed Name _____ Date _____

Parent or Guardian Signature _____

OFFICE USE ONLY

Date Registered: _____ Cash: _____ Check # : _____
Reg. fee \$ _____ Family: Yes / No