

Littleton Dance Academy Registration Form 2011-2012

Today's Date: _____

Student Name (please print) As you would like it to appear in programs	DOB	Age	Academic School

Parent/Guardian #1 Last Name: _____ First Name: _____

Home Phone: _____ Work or Cell Phone: _____ Occupation: _____

Parent/Guardian #2 Last Name: _____ First Name: _____

Home Phone: _____ Work or Cell Phone: _____ Occupation: _____

Billing Address: _____
(street address) (city) (zip code)

Family E-mail Address: _____ Child lives with: _____

Please state how you first heard about LDA: _____

Emergency Contact Name: _____ Phone Number: _____
(other than parent)

Enrolling In: (Please use back if necessary)

Class: _____ Day/Time: _____

Class: _____ Day/Time: _____

Class: _____ Day/Time: _____

Class: _____ Day/Time: _____

Class: _____ Day/Time: _____

Class: _____ Day/Time: _____

Monthly Payment: _____

Tuition and Fees

Tuition \$ _____

Registration Fee \$ _____ (\$25 per student or \$40 per family)

Total Due Today \$ _____

Please make check payable to LDA or Littleton Dance Academy

Paid with check # _____ Cash _____

Credit Card _____ Debit Card _____

I would like to be listed in LDA's School Roster (register by 10/15) Yes _____ No _____

I agree and understand not to hold the Littleton Dance Academy liable, including any teacher or employee employed by the Academy. I understand that I am responsible for my own actions as a participant at the Littleton Dance Academy. I also understand the assumption of risk that is involved in participating in such dance activities and will not hold the Littleton Dance Academy responsible for any injury that may be sustained in relation to these activities or that may occur on the premises at any time. In registering with Littleton Dance Academy, I have read and agree to ALL studio policies and procedures and agree to abide by said policies and procedures at all times. I agree for photos and/or videos of my child/myself to be used in LDA promotion or publicity.

Signature (Parent/Guardian/Adult): _____ Date: _____

Signature of student (Ballet III and higher) _____ Date: _____

Please list any allergies, physical restrictions, disabilities, injuries, or conditions we should be aware of (continue on back)