

ARABESQUE DANCE STUDIO
6935 OAKLAND MILLS ROAD, SUITE J
COLUMBIA, MARYLAND
410-381-0017
REGISTRATION FORM 2011-2012

NAME _____ PARENT'S NAME _____

ADDRESS _____
CITY _____ STATE _____ ZIP _____

HOME PHONE NUMBER _____ Cell _____

WORK PHONE _____

EMERGENCY PHONE NUMBER _____

PREVIOUS DANCE EXPERIENCE _____

AGE _____ BIRTH DATE _____

E-Mail Address _____

Class/Classes desired _____ --

How did you here about us? _____

Any illnesses or allergies or other problems that we should know about:

We are asking about illnesses or allergies so we can be as careful as possible with your child's health. Although dancing is not considered dangerous, there is always the chance of an accident occurring and we want to take every precaution to protect you.

If an accident does occur during a supervised activity, I understand that the Arabesque Dance Studio and/or their instructors are not responsible.

I understand that I am signing up for the complete 9 1/2 month program. Registration deposit and tuition are non-refundable.

If more than one parent is sharing financial responsibility please decide on one parent who will make payments to the studio.

Payments will be _____ X _____ if paid between the 1st and 4th of the month

Payments will be _____ +\$25.00 = _____ if paid after the 4th of the month

Payment enclosed _____ Date _____

Parent or Guardian's Signature