

2009 - 2010 REGISTRATION FORM



Arabesque Dance Studio
6935 Oakland Mills Rd, Ste J
Columbia, Md. 21045
410.381.0017

Name: _____ Parent(s) Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____

Previous Dance Experience (Studio and Style): _____

Age: ____ Date of Birth (mm/dd/year): ____/____/____

Payment Amount: _____

Class/Classes desired: _____

Indicate any illnesses or allergies or other concerns we should know about: (i.e. asthma)

We inquire about illnesses and allergies so we can take every precaution possible with your child's health. Although dancing is not considered dangerous, there is always a chance of an accident occurring and we want to take every precaution to protect you and your child. 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 ½ month program. Registration deposit and tuition are non-refundable.

Parent or Guardian Signature