

HELEN'S DANCE STUDIO
AKHTAMAR
STUDENT REGISTRATION FORM

REGISTRATION FEE \$25.00, FAMILY REG.FEE \$40.00

First Name: _____ **Last Name:** _____

Starting Date: _____ **Birth Date:** _____ **Age:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____ **E-mail:** _____

Parents Name: _____

Mother _____ **,Father** _____

Previous Dance School: _____ **Years** _____

Present School: _____ **Grade:** _____

Referred By: _____

Child-Parent Goals For Enrollment: _____

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**Tuition Terms**

**\*Tuition is payable in advance by the 1<sup>st</sup> of each month and must be used within that month.**

**\*In order to keep your child's space in the classroom, payments should be made year round.**

**\*No refund or credit for unused classes and holidays.**

**\*There is a \$30.00 charge for returned checks.**

**\*There is a \$30.00 yearly Registration fee due in January of each year.**

**\*DONATION'S ARE ACCEPTABLE ALL YEAR LONG\***

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**HEALTH INSURANCE COMPANY** \_\_\_\_\_

**POLICY NUMBER** \_\_\_\_\_ **ALERGIES** \_\_\_\_\_

**PHYSICIAN** \_\_\_\_\_ **PHONE** \_\_\_\_\_

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PARENT AUTHORIZATION AND LIABILITY RELEASE

*Signing this form gives permission for the dancer named above to take part in all Helen's Dance Studio activities and absolves Helen's Dance Studio, Helen Zohrabians and all teachers from liability for any injury incurred by dancer in H.D.S. in any activity. *In event of a dancer's illness or accident, any representative of Helen's Dance Studio is authorized to consent to an x-ray, examination of my child to any hospital. I hereby indemnify Helen's Dance Studio's representative there of from any liability because of the exercise of such consent.*

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____