



Returning Student Registration Form 2016-2017

****office use only****

Last name :

Today's Date: ____/____/____

Student's Name: _____

Primary Contact Phone Number: _____

Primary Email Address: _____

(Please print clearly. Email is our # 1 form of communication.)

If address has changed, please list updated information below:

Address: _____

I have read and agree to comply with the rules and regulations set forth in the bellA dance policy agreement.

By signing below, I agree to adhere to all policies, fees, and regulations set forth by Bell A Dance, LLC. I release the instructor, director, and Bell A Dance, LLC from any and all liability in case of an accident that results in personal injury. As with any exercise program, contact your physician for advice if child/dancer has any current or prior medical conditions or injuries before participating. I also grant permission to anyone properly authorized by Bell A Dance, LLC to photograph, audio-record, or videotape my child for appropriate uses, which include, but are not limited to, promotional materials, advertisements, and the business website.

Parent/Guardian's Signature _____ Date _____

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Class Age Group	Class Type	Day of the Week	Time	Class Length

Total Hours: _____

Registration Fee: _____ Tuition Type: _____ Monthly Tuition: _____
1 - \$25 2 - \$40 3 or more - \$50 # of students / # of hours

Date: _____ Payment Method: _____ Amount Paid _____

Other items purchased during registration: _____
