PATRICIA KELBAUGH DANCE STUDIO

Student #: _____

REGISTRATION FORM

Date: _____

Student Miss, Mrs.

Name: _____ Ms. Mr. (circle)

Address _____

_____ Zip: _____

Birth Date: _____ Age: _____

Adult Student's Phone: _____ (home) _____ (work)

Email: _____

Child and Teen Students:

Mother's Name: _____

Phone: _____ (home) _____ (work)

Email : _____

Father's Name: _____

Phone: _____ (home) _____ (work)

Email: _____

List Classes Registering For (Indicate subjects and level):

_____

_____

Dance Training (Indicate subjects and level):

_____

_____

Total Years Studied Dance? _____ Former Teacher(s): _____

How did you hear about this studio? _____

I recognize the risks of accidents in any exercise, dance or physical program. I waive release and hold harmless from any liability for injury, damage, liability, or claims arising from my child's participation in this program. This applies to all teachers, heirs, and the facility at which they are participating. My child is in good physical condition and there are not other reasons why my child cannot participate in this program. I give permission for photos taken of my child in class or at studio functions to be used for promotional purposes.

Signature_____

Enclosed is my check for first & last month's tuition plus $18.00 registration. Amount: $ _____

The space below is for office use only.

Day	Description	Hrs.	

RETURN BY MAIL TO:

Dance Studio
2 Professional Drive, Suite 218/219
Montgomery Professional Park
Gaithersburg, MD 20879

Phone: 301-840-1849
Email: info@pkdances.com
Website: www.pkdances.com