

The Dance Company

21230 LaGrange Road
Frankfort, Illinois 60423
www.dancecompanyfrankfort.com

**Note: The Dance Company uses your email address as their most valuable source of communication - please print clearly.

Parent's Name _____ Date _____

Address _____ Cell Phone _____

City _____ State _____ Zip _____

Email Address ** _____ Home Phone _____

(Please print your child's name the way you would like to see it printed in the recital program.)

Student #1 Name _____ Birthdate __/__/____ Age _____

Student #2 Name _____ Birthdate __/__/____ Age _____

Student #3 Name _____ Birthdate __/__/____ Age _____

Class Name _____ **Day & Time** _____ **Student Name** _____

Class Name _____ **Day & Time** _____ **Student Name** _____

Class Name _____ **Day & Time** _____ **Student Name** _____

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_____ I understand the registration packet is available on The Dance Company website.

_____ I do understand the studio policies and tuition requirements. Please be sure to contact the studio by the first of the month, if you have to drop a class. Failure to do this will result in being responsible for paying that month's full tuition. Tuition is not refundable or transferable.

_____ I do hereby release and discharge The Dance Company, all independent contractors, and any/all persons or entities of whatever nature, from and why and all claims for injuries, damages, or loss which I may sustain while traveling to or from, or while participating in any "The Dance Company" activity.

Signature of Parent

Date

Office Use Only

Registration Fee \$ _____ Tuition \$ _____ Total \$ _____

Please use my card on file for payment