

Desired Class:1st Choice: _____

Day/Time _____

2nd Choice _____

Day/Time _____



Jane Baron's
Academy of Dance

P.O. Box 5031**Limerick, PA 19468****www.JaneBaronsAcademyOfDance.com****2010-2011 Registration Form**

\$15 registration fee per student/ \$25 per family to reserve enrollment

Office Use Only:

Enrollment Date _____

Class _____

Day/Time _____

Class _____

Day/Time _____

STUDENT'S ESSENTIAL INFORMATION:

LAST NAME: _____ FIRST NAME: _____ M.I.: _____

STREET: _____ CITY: _____ STATE: _____

ZIP: _____ PHONE: _____ AGE: _____ D.O.B. _____

E-MAIL ADDRESS: _____

MOTHER: _____ HOME #: _____ CELL #: _____

OCCUPATION: _____ WORK #: _____

FATHER: _____ HOME #: _____ CELL #: _____

OCCUPATION: _____ WORK #: _____

MEDICAL INFORMATION:

DOCTOR: _____ PHONE: _____ HOSPITAL: _____

MEDICAL CONDITIONS: _____ ALLERGIES: _____

EMERGENCY CONTACT: _____ PHONE: _____

HOW DID YOU HEAR ABOUT US? (please be specific)

Yellow Pages _____ Newspaper _____ Internet _____ Referral/Other _____

BILLING INFORMATION: ALL TUITION MUST BE PRE-PAID.

(A separate authorization form for auto debit payment must be completed.)

RELEASE FROM LIABILITY AND AUTHORIZATION:

I hereby release Jane Baron's Academy of Dance from any liability for any accident or injury occurring on or around the studio premises, or at any function at other locations in conjunction with the dance academy. I declare the student(s) named above is in good health and can participate in the enrolled classes. Given the nature of dance classes, and knowing that injuries sometimes occur, I have taken necessary steps to obtain health, accident, hospital and/or other insurance, which would cover any sustained injuries. In the event of an injury or emergency, if I am unable to be contacted, I give permission for Jane Baron's Academy of Dance to obtain medical services for this student. I also grant permission for my child's picture/image to be used on the website or in other media outlets.

Parent/Guardian Signature _____ Date _____