

# Silhouette Dance Studio

## REGISTRATION FORM

Tel: 408-261-2712 \* silhouettes@yahoo.com \* www.sdance.us

Student's Name \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

CLASSES REGISTERING FOR \_\_\_\_\_

### Parents Information

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT.# \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_ (\_\_\_\_) \_\_\_\_\_ Cell Phone \_\_ (\_\_\_\_) \_\_\_\_\_

E-Mail \_\_\_\_\_

How did you hear about Silhouette Dance Studio?

### Emergency Contact

Name \_\_\_\_\_ Phone \_\_ (\_\_\_\_) \_\_\_\_\_

### Please read and sign

*I hereby agree not to hold SILHOUETTE DANCE STUDIO, its artistic director, and staff responsible for any damages or liabilities due to theft, accident, or injury during or resulting from my child's participation in any capacity of or relating to any function or activity of the said SILHOUETTE DANCE STUDIO.*

*Payments for monthly classes and private lessons are due upon the first lesson of the month. If tuition received after 10th of the month, a \$20.00 late fee per that month will be applied to outstanding accounts. I hereby assume all financial responsibility for above student(s) enrolled at SILHOUETTE DANCE STUDIO. I further understand that I will be charged for all classes until I have notified the school of my child's withdrawal from classes.*

*SILHOUETTE DANCE STUDIO has my permission to use a photograph of my child for advertising and marketing purposes.*

*I have read and agree to all of these policies and so sign this document.*

**Registration & tuition fees are non-refundable**

\_\_\_\_\_  
PARENT / GUARDIAN SIGNATURE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE (mm/dd/yyyy)