

2020 SUMMER REGISTRATION FORM

In order for your child to receive priority status in class placement, we encourage you to register early. The registration fee is \$50 for all students (not to exceed \$100 per family). **In order for students currently enrolled to receive the early registration fee of \$30 (not to exceed \$100 per family), the student must register on or BEFORE June 5, 2020.** Please be sure to include all necessary information on this form so that we may place your child in the appropriate class.

STUDENT NAME (LAST) _____ (FIRST) _____

DATE OF BIRTH _____ AGE _____ MEDICAL PROBLEMS _____

MAILING ADDRESS _____

CITY/STATE _____ ZIP CODE _____

YOUR CHILD WILL BE ENROLLING IN THE FOLLOWING CLASSES

(Please check all that apply and circle day option if given):

SESSION 1:

____ Preschool (M/W or T/Th) ____ Primary (M/W or T/Th) ____ Elem/Sec ____ Hip Hop ____ Acro
2 ½ -3 4-7 8-12 6-12 8-12

SESSION 2:

____ Preschool (M/W or T/Th) ____ Primary (M/W or T/Th) ____ Elem/Sec ____ Hip Hop ____ Acro
2 ½ -3 4-7 8-12 6-12 8-12

CONTACT 1, RELATION TO STUDENT _____

HOME _____ CELL _____ *EMAIL _____

PLACE OF EMPLOYMENT _____ WK PHONE _____

***Email address for Contact 1 is automatically placed on email distribution list. If you wish to add another, please make a note on this page.**

CONTACT 2, RELATION TO STUDENT _____

HOME _____ CELL _____ EMAIL _____

PLACE OF EMPLOYMENT _____ WK PHONE _____

PREVIOUS DANCE EXPERIENCE

(Please list the courses taken and the number of years. Also include instructors' names and the studio.)

LIABILITY DISCLAIMER

JEAN LEIGH ACADEMY OF DANCE AND THE INSTRUCTORS ARE NOT LIABLE FOR PERSONAL INJURIES OR LOSS OF, OR DAMAGE TO PERSONAL PROPERTY. EACH STUDENT MAY DECLINE TO PARTICIPATE IN ANY ACTIVITY. PLEASE INFORM THE INSTRUCTOR OF ANY PHYSICAL LIMITATIONS YOU OR YOUR CHILD MAY HAVE. IF YOU HAVE ANY DOUBT TO YOUR OR YOUR CHILD'S PHYSICAL ABILITIES, PLEASE CONSULT WITH YOUR PHYSICIAN BEFORE PARTICIPATING. JEAN LEIGH ACADEMY OF DANCE CANNOT DISPENSE ASPIRIN OR ANY OTHER MEDICATIONS.
THANK YOU.

WE RESERVE THE RIGHT TO REFUSE ADMITTANCE.

PRINT PARENT NAME: _____ DATE: _____

PARENT SIGNATURE: _____ DATE: _____

CHILD NAME : _____

How did you hear about Jean Leigh? _____

Jean Leigh Academy of Dance exists only because of you. Your comments and suggestions are welcome and vital to our ability to serve your needs.

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FOR OFFICE USE ONLY:

DATE RECEIVED _____ CHECK# _____ DEBIT/CREDIT _____

CASH _____ TOTAL AMOUNT PAID _____ TUITION _____

REGISTRATION FEE _____