

**The Dance Studio of Park Slope**  
**50<sup>th</sup> Anniversary**  
**Fundays with Lauren**  
**Registration Form**

**If registering multiple students please complete additional forms.**

☐ New Student How did you hear about us? \_\_\_\_\_

Student's First Name \_\_\_\_\_ Last \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Parent Name(s) \_\_\_\_\_ Phone Contact # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Medical Conditions \_\_\_\_\_ Daytime Caregiver \_\_\_\_\_

Email Address (please print clearly) \_\_\_\_\_

Confirmation of class enrollment and payment will be sent via email.

**Policy & Payment details:**

**Pre-Payment Required**

Check/Cash/Credit Card Payment accepted (Credit Card service fee applies)

No Refunds/Credits/Returned Check fee \$25

Mail in or drop off Registration Form with Payment

Email Registration Form and Request Credit Card Payment Option

Age is determined by grade/age as of 10/31/25

Children & Adult classes are non-transferable/Schedule is subject to change without notice

**Fundays with Lauren**  
**DROP IN One class \$55.00**

Age Group \_\_\_\_\_ Class Date \_\_\_\_\_

Payment \$ \_\_\_\_\_

**Pre-Payment Required**

I give permission for my child to participate in classes at The Dance Studio of Park Slope and I release The Dance Studio and all employees from any liability connected with any activity connected to dance class and performance. I authorize The Dance Studio of Park Slope to photograph or film my child at any Studio activity for use in The Dance Studio's promotional efforts.

I understand and agree to all tuition and terms stated above.

\_\_\_\_\_  
**Parent / Guardian** \*Signature is required for students to participate in class.

Mail to or drop off form and payment:

**The Dance Studio of Park Slope 630 Sackett Street, Brooklyn, NY 11217**  
**718.789.4419 website: [thedancestudiops.com](http://thedancestudiops.com) email: [thedancestudiops@gmail.com](mailto:thedancestudiops@gmail.com)**