The Dance Studio of Park Slope Fundays with Lauren Registration Form

| If registering multiple students please | e complete additional forms | S. | |
|---|---|-------------------------------|-------------------------------|
| ☐ 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) Confirm | nation of class enrollment and p | ayment will be sent via emai | 1. |
| Policy & Payment details: | | | |
| Pre-Payment Required Check/Cash/Credit Card Payment accep No Refunds/Credits/Returned Check fe | | applies) | |
| Mail in or drop off Registration Form w Email Registration Form and Request C | | | |
| Age is determined by birthday as of 10/Children & Adult classes are non-transf | | change without notice | |
| Fundays with Lauren DROP IN One class \$40.00 | | | |
| Age Group Class Date | | | |
| Payment \$Payment Required. Check, cash, cre | edit card payment accepted | | |
| I give permission for my child to participate employees from any liability connected wit Park Slope to photograph or film my child a I understand and agree to all tuition and term | h any activity connected to dand at any Studio activity for use in | ce class and performance. I a | authorize The Dance Studio of |
| Parent / Guardian *Signature is required | d for students to participate in c | lass. | |

Mail to or drop off form and payment: