

The Dance Studio of Park Slope – *SummerLIVE* 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.

No refunds - Check or cash payment accepted
Five student minimum required to constitute class
Children and Adult classes are non-transferable
Returned check fee is \$25

Schedule is subject to change and/or cancellation without notice

SummerLIVE

Taking 1 virtual class per week - 5 week total is \$125.00

Please indicate virtual class, day & time

1. _____
2. _____
3. _____

Number of Virtual Classes _____ **Tuition Total \$** _____

Pre-Payment Required - Check or cash payment accepted

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 fee terms stated above.

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