

LE Dance Registration/Enrollment

Thank YOU for choosing LE Dance!!!

Billing Information:

Billing Name _____
Address _____
City/State/Zip _____
Email _____

Phone Information:

Home # _____
Cell # _____
Work # _____
Other _____

Student Information:

Student Name: _____ Birthdate _____
Address: *fill in only if different: _____ School attending _____
Grade _____

Mothers Name _____ Fathers Name _____
Years of Dance Experience &
where: _____

Medical Information:

Any health conditions? _____
Dr. Name & Phone# _____
Emergency Contact & phone# _____

Classes:

Name of Class	Day/Time	Room	Name of Class	Day/time	room
1. _____			5. _____		
2. _____			6. _____		
3. _____			7. _____		
4. _____			8. _____		

FEES: *due upon registration **CHECK OR CASH ONLY

Monthly tuition _____ OR 9 month tuition _____ (discounted)

Sibling Tuition _____

Registration Fee _____

Total fees today _____ Check # _____ Cash _____

How did you hear about us? _____

My Child is interested in pursuing company in the future: _____

Holds Harmless Agreement:

I understand that LE Dance, LLC and its principles, employees, and volunteers are not liable any injuries that may occur while my student is involved with participating in LE Dance related events, and hereby release, indemnify and agree to hold harmless LE Dance and its principles, employees and volunteers from any claims or expenses resulting from or arising out of the participation of my student in any such activities or events. LE Dance, LLC is not responsible, whatsoever, for anything that happens before or after the students designated class time. I do hereby verify that I have read and accept the Holds Harmless Agreement, policies, and conditions shown by my signature below.

SIGNED _____ **Date** _____