PINEWOOD SCHOOL OF DANCE PO BOX 104, 115 OLD ROUTE 52 STORMVILLE, NY 12582 845-221-4834

www.pinewoodschoolofdance.com pinewood.dance@gmail.com

REGISTRATION FORM

Last Name		First	Age by Sept	Date of Birth
Address		City		
State	ZIP	Phone	Cell Phone_	
E-Mail Addres	SS			
Parents Name				
Has Student ha If yes, please fi	ad any previous training Il in the following:	YESN	1O	
SUBJECT	YEA1	RS OF STUDY SCI	HOOL NAME	
Does student h	ave any special problem	s that we should know abou	ıt such as foot problen	ns or learning disabilities, etc.
Please list time	& day of classes you are	e registering for:		
BALLET	TAP	JAZZ	MO	DERN
PRE-SCH. CC	OMBO	TAP/JAZZ COMBO	HIP	'HOP
	SUMMER SESSI	ON	FALL SESSION_	
Where did you	hear about our school?			
·		Tuition F	Patas	
paid for, atten	ded or not (including sno	month. A \$10.00 monthly la	ate fee will be added if	f we have to bill you. All classes are 0 days of your absence. Tuition is not
				dent or Family \$15.00 per Class eek, Student or Family \$11.00 per
THERE IS NO		ON PAYMENTS MADE W OF \$3.00 PER TRANSACT		CK, HOWEVER THERE WILL BE A CARD AND DEBIT CARD
		Registratio		
	should you drop out of			or more classes per student. This fee i ly member. There is no registration fee
are giving Pine this form you a may sustain w	ewood School of Dance p agree to hold harmless P hile attending the dance	ermission to use your child inewood School of Dance, it	's photo(s) for market is teachers, staff and s ormances. This agree	of Dance. By signing this form, you ing purposes. Furthermore by signing pecial guests of any injuries your child ment includes any staff or workers of

Parent signature