

EDNA LEE DANCE STUDIO APPLICATION

STUDENT NAME (Last) _____ (First) _____

HOME ADDRESS: _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ FAMILY EMAIL: _____

BIRTH DATE: ___/___/___ SCHOOL _____ GRADE _____

CLASS CHOICE (S)
DAY TIME CLASS RM COLOR Mother's Name _____

1 _____ Cell: _____

2 _____ Father's Name _____

3 _____ Cell _____

4 _____ Emergency: _____

5 _____ Ph: _____

6 _____

HOW DID YOU HEAR ABOUT OUR STUDIO: Word of Mouth ___ Facebook ___ Penny Saver ___ Website ___ Other ___

I agree to be responsible for the payment of all tuition for the above named student until such time as I notify ELDS of the withdrawal of the student in writing, in person, by phone or email. I hereby give permission for my child's picture to be used for advertisement for the studio on facebook or any other ad. I understand that dance is a physical activity and injuries do occur and I will not hold the Edna Lee Dance Studio, its owner, teachers or persons connected with the school responsible.

Signature of adult responsible for student and payments _____

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