



REGISTRATION FORM

Office Use Only

of classes: _____

Monthly Tuition: _____

Reg. Fee: \$10.00

Total: _____

Check #/Cash: _____

Student(s) Name _____

Parents/Guardian Name _____

Mailing Address _____

City & Zip _____ E-Mail _____

Home Phone _____ Work/Cell Phone _____

Emergency Contact & Phone Number _____

Pertinent Medical Information (Health Issues/Allergies) _____

DANCERS NAME	AGE	DANCE CLASS	DAY	CLASS LENGTH

(Please use reverse side if needed)

I have read and understand the studio policies of Just Dance LLC and agree to abide by them. This includes payment of monthly tuition by the 10th of each month. I understand that tuition is considered late after the 10th and a \$10.00 late fee will be charged to my account. I authorize the Instructors of Just Dance to seek medical care for my child/children if I am unable to be reached in an emergency.

Parent/Guardians Signature _____ Date _____

989.705.7500

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