

**SUSAN'S STUDIO OF DANCE**  
**262 MILLER LANE**  
**Owens Cross Roads, AL 35763**  
**Classes begin in August 2011**  
**256-539-5224**

susandance@bellsouth.net  
[www.susansstudioofdance.com](http://www.susansstudioofdance.com) and We are on FaceBook!  
**2011-2012 PRE-REGISTRATION FORM**

Please complete this form and return with **NON-REFUNDABLE REGISTRATION FEE of \$25.00 for each dancer**

**RECITAL FEE WILL BE COLLECTED IN AUGUST ALONG WITH FIRST MONTH'S TUITION.**

**PLEASE RETURN COMPLETED FORM PER DANCER ALONG WITH PAYMENT BY JUNE 4<sup>TH</sup>, 2011.**  
**(Check, Cash or Money Order only) to:**

**Susan's Studio of Dance, 262 MILLER LANE, Owens Cross Roads, AL 35763**

<p><i>Please indicate below the number of years dancer has been at Susan's Studio of Dance</i></p> <p>-----</p>	<p><b>Office Use Only</b></p> <p>Studio</p> <p>Date</p> <p>M.O./Check/or/Cash #</p> <p>Total Amount paid</p>
<p><b>Student Name:</b> _____ <b>Date of Birth:</b> _____</p>	
<p><b>Age (as of October 1, 2011)</b> _____ <b>Grade</b> _____ <b>School</b> _____</p>	
<p><b>Parent/Guardian</b> _____</p>	
<p><b>Address:</b> _____ <b>EMAIL ADDRESS FOR STUDIO NEWSLETTERS, ETC</b> _____</p>	
<p><b>City:</b> _____ <b>St:</b> _____ <b>Zip</b> _____ <b>Home ph:</b> _____ <b>2<sup>ND</sup> Email address:</b> _____</p>	
<p><b>Mom/Name/Work/Ph#:</b> _____ <b>Cell/Pager:</b> _____</p>	
<p><b>Dad/Name/Work/Ph#:</b> _____ <b>Cell/Pager:</b> _____</p>	
<p><b>Account name:</b> _____ (person responsible for account) <b>Ph:</b> _____</p>	
<p><b>How you heard about our studio:</b> _____</p>	
<p><b>Other information we should know about the student:</b> _____</p>	
<p><b>How you would like your child to benefit from our program:</b> _____</p>	

**So that we can schedule classes for the fall, please check desired classes for this student. In most cases, we try to have back-to-back classes for all age groups. However, it may not be possible for all classes to be back-to-back. Class day and times will be determined at Open House in July, for which the date will be announced soon.**

2 year old Pre-School School	Pre-School 3-4 years	Tap/ Ballet 5-7 yrs	Jazz/Acr o 5-7 years	Acro 6-18 yrs	Ballet 6-18 yrs	Hip Hop 6-18 yrs	Jazz 6-18 yrs	Lyrical with ballet	Tap 6-18 yrs	ADULT JAZZ/ HIP HOP	Jazz Funk Kindergarteners

Continued on back

**Total # of weekly hours per family per month \_\_\_\_\_**

**Parental Agreement with Susan's Studio of Dance**

I am enrolling my child in classes with Susan's Studio of Dance and understand that classes will run through the year ending with the recital. I agree to be responsible for payment of the entire term unless written notification is given to cancel this agreement one month prior to withdrawal. I know that payments are due on the first day of class each month and a late charge of \$5.00 will be charged when paid after the tenth day of the month. I also understand there is a \$25.00 charge for any checks returned for insufficient funds.

Susan's Studio of Dance does not prorate due to absences and I understand any missed classes can be made up in alternate class times. I, the undersigned, fully understand and agree that the owner's/instructors of Susan's Studio of Dance, shall be free from any liability of claims arising by reason of any injury or illness at Susan's Studio of Dance or any dance related activity with Susan's Studio of Dance. Permission is hereby granted to the staff of Susan's Studio of Dance to transport my child to a doctor or hospital in case of illness or injury, when unable to locate parent/guardian or emergency name.

Student's Name:

Parent/Guardian:

Date:

Emerg Name:

Emerg #:

Doctor's Name:

Doctor #:

Insurance Carrier and #

(Doctor and insurance information will be used only in the event of an emergency and we are unable to locate Parent/Guardian or the Emergency Name listed above.)

You will receive your Susan's Studio of Dance 2011-2012 Dancer's Handbook at Open House in July.

Parent/Guardian Signature:

Date: \_\_\_\_\_

Email: [susandance@bellsouth.net](mailto:susandance@bellsouth.net)