

Student Last Name: \_\_\_\_\_

**MARIA'S SCHOOL OF DANCE INC. – REGISTRATION**

105 E. Grand River Ave., Box 309, Fowlerville, MI 48836-0309

(517) 223-0036, E-Mail: [mariasschoolofdance@hotmail.com](mailto:mariasschoolofdance@hotmail.com)

[msd@mariasschoolofdance.com](mailto:msd@mariasschoolofdance.com)

Parent(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Cell: \_\_\_\_\_ Father's cell: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone Provider: \_\_\_\_\_

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_ List Any Medical Information  
MSD staff Should Be Aware Of: \_\_\_\_\_

Students Cell: \_\_\_\_\_ Cell Phone Provider: \_\_\_\_\_

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_ List Any Medical Information  
MSD staff Should Be Aware Of: \_\_\_\_\_

Students Cell: \_\_\_\_\_ Cell Phone Provider: \_\_\_\_\_

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_ List Any Medical Information  
MSD staff Should Be Aware Of: \_\_\_\_\_

Students Cell: \_\_\_\_\_ Cell Phone Provider: \_\_\_\_\_

In the event of an emergency please call:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Registration Fee(s): \_\_\_\_\_

Total Tuition: \_\_\_\_\_

Total Number of Classes: \_\_\_\_\_

Discount: \_\_\_\_\_

Eligible Discount: \_\_\_\_\_

Monthly Tuition: \_\_\_\_\_

\*I have read and understand the "Policies and Information" for Maria's School of Dance Inc. I agree with all of the policies set forth. I am aware of all performance assignments involving my child/myself. I also allow Maria's School of Dance to use my child's/my picture on the Maria's School of Dance Web Page as well as any MSD literature or advertising, unless otherwise specified.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

How did you hear of Maria's School of Dance? \_\_\_\_\_

\*MSD's Policies and Information are available for your review on the MSD Website and at the studio. If you would like a copy, please contact the studio.

# DANCE

(Performance abbreviations: T-Thursday Evening, F-Friday Evening, M-Saturday Matinee, E-Saturday Evening, A-All)

STUDENT: \_\_\_\_\_ AGE: \_\_\_\_\_ PHONE: \_\_\_\_\_

Class	Instructor	Day	Time	Length	Performance	Tuition
Class	Instructor	Day	Time	Length	Performance	Tuition
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STUDENT: \_\_\_\_\_ AGE: \_\_\_\_\_ PHONE: \_\_\_\_\_

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STUDENT: \_\_\_\_\_ AGE: \_\_\_\_\_ PHONE: \_\_\_\_\_

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