

Student Last Name: _____

MARIA'S SCHOOL OF DANCE INC. – REGISTRATION

105 E. Grand River Ave., Fowlerville, MI 48836
(517) 223-0036, Website: www.mariasschoolofdance.com
msd@mariasschoolofdance.com

Parent(s): _____

Address: _____ City: _____ Zip: _____

Mother's Cell: _____ Father's cell: _____

Home Phone: _____ Work phone: _____

Email: _____

Student Name: _____ Birthdate: _____ Age: _____

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

Students Cell: _____

Student Name: _____ Birthdate: _____ Age: _____

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

Students Cell: _____

Student Name: _____ Birthdate: _____ Age: _____

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

Students Cell: _____

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.

Performance abbreviations: W Wednesday, R Thursday, F Friday, A All

STUDENT: _____ AGE: _____ PHONE: _____

Class	Instr.	Day(s)	Times(s)	Class Length	Performance	Tuition	Discount if Applicable	Tuition
		MTWRF			WRF All			
		MTWRF			WRF All			
		MTWRF			WRF All			
		MTWRF			WRF All			
		MTWRF			WRF All			
		MTWRF			WRF All			
		MTWRF			WRF All			
		MTWRF			WRF All			
					Total			

STUDENT: _____ AGE: _____ PHONE: _____

Class	Instr.	Day(s)	Times(s)	Class Length	Performance	Tuition	Discount if Applicable	Tuition
		MTWRF			WRF All			
		MTWRF			WRF All			
		MTWRF			WRF All			
		MTWRF			WRF All			
		MTWRF			WRF All			
		MTWRF			WRF All			
		MTWRF			WRF All			
		MTWRF			WRF All			
					Total			

STUDENT: _____ AGE: _____ PHONE: _____

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		MTWRF			WRF All			
		MTWRF			WRF All			
		MTWRF			WRF All			
		MTWRF			WRF All			
		MTWRF			WRF All			
		MTWRF			WRF All			
		MTWRF			WRF All			
					Total			