

**MARIA'S SCHOOL OF DANCE INC. – REGISTRATION SUMMER**  
**105 E. Grand River Ave., Box 309, Fowlerville, MI 48836-0309**  
**(517) 223-0036, FAX: (517) 223-4717, E-Mail: [msd@mariasschoolofdance.com](mailto:msd@mariasschoolofdance.com)**  
**[www.mariasschoolofdance.com](http://www.mariasschoolofdance.com)**

Custodial Parent: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

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

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

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

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

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

Mother's email: \_\_\_\_\_

Father's email: \_\_\_\_\_

In case of an emergency please contact:

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

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

Insurance Company: \_\_\_\_\_ Group/contract number: \_\_\_\_\_

Student	Class	Instructor	Time	Fee
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Student	Class	Instructor	Time	Fee
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Student	Class	Instructor	Time	Fee
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Student	Class	Instructor	Time	Fee
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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 also allow Maria's School of Dance to use my child's/my picture on the Maria's School of Dance Web Page, unless otherwise specified.

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