Registration Form Summer 2026

Student Name_____

Y/N_____address, email, telephone, emergency contact info is the same as last year

COMPLETE THIS SECTION ONLY IF NEW STUDENT OR INFO HAS CHANGED

Birth Date_____ School_____ Grade_____

Student Allergies/Medications _____

Parent/Guardian Name _____

Mailing Address _____

City _____ State_____ Zip Code_____

Home Ph. Number(_____) _____ Email_____

Cell Ph. Number (_____)_____ Work Ph. Number (_____) _____

Emergency Contact Name _____

Relation to Student _____ Ph. Number(_____) _____

MEDICAL RELEASE

In the event you are unable to reach me, in the case of accident or injury, I give my permission for treatment as deemed necessary by staff or emergency personnel. I also release Promenade Pointe Dance Company and its staff of liability in case of injury or accident incurred to student named above.

Parent/Guardian Signature _____ Date _____

PROMOTIONAL MATERIAL

I give permission to publish photographs of student on the Promenade Pointe Dance Company website, brochure, advertisements, social media and any other publications.

Parent/Guardian Signature _____ Date _____

STUDIO INFORMATION AND POLICIES

I have read all studio information and policies including date of recital, monthly fees, insurance, bad weather/ holiday policies, attendance, class observation and dress code. I fully understand and agree to abide by these policies.

Parent/Guardian Signature _____ Date _____

FOR OFFICE USE ONLY

CLASSES ENROLLED IN – TO BE COMPLETED ON REGISTRATION DAY

CLASS NAME	LEVEL	ROOM	DAY	TIME	HOURS

Registration Fee $_____ Total Weekly Hours:_____ Total Monthly Tuition Due: $_____

Total Amount Paid $_____by: _____Cash _____Credit Card _____Check# _____