

LAST NAME: _____

MARIA'S SCHOOL OF DANCE INC.- REGISTRATION 2011-2012
105 E. Grand River Ave., Box 309, Fowlerville, MI 48836-0309
(517) 223-0036, FAX: (517) 223-4717, E-Mail: mariasschoolofdance@hotmail.com
msd@mariasschoolofdance.com

Parent(s): _____

Address: _____ City: _____ State: _____ 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: _____

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

In the event of an emergency please call:

Name: _____ Phone: _____

Name: _____ Phone: _____

Insurance Information: _____ Group/Contract Number: _____

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 _____

To register by fax please provide the following credit card information/authorization:

- Visa Credit Card Number _____ Expiration Date _____
 Master
 Discover Signature _____ CCV _____ Amount _____

How did you hear of Maria's School of Dance? _____

Registration submitted by:

- In Person Phone Online

DANCE

(Performance abbreviations: 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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