

Dancer Name: \_\_\_\_\_ **2024 SPRING CLASS REGISTRATION**

**MARIA'S SCHOOL OF DANCE INC.**  
105 E. Grand River Ave., Fowlerville, MI 48836  
(517) 223-0036 email: [msd@mariasschoolofdance.com](mailto:msd@mariasschoolofdance.com)  
[Website: www.mariasschoolofdance.com](http://www.mariasschoolofdance.com)

<b>Fridays: April 5<sup>th</sup> – May 10<sup>th</sup> (6 weeks)</b> Instructor: KARALYNN JOHNSON					
	CLASS	AGE	TIME	MIN	FEE
	Pre Ballet	3-4 yrs	5:00-5:25 pm	25	\$60
	Beg tap	4-6 yrs	5:30-5:55 pm	25	\$60
	Beg Ballet	5-7 yrs	6:00-6:25 pm	25	\$60
	Beg Jazz/HH	6-8 yrs	6:30-6:55 pm	25	\$60

**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: \_\_\_\_\_

In the event of an emergency please call:

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

Total 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.