

ALLEN CONSERVATORY OF DANCE REGISTRATION FORM

Name of Student

Date of Birth

Name of Parent or Guardian

Address

City

Zip Code

e-mail address

Home Phone

Work Phone

Cell Phone

Emergency Contact Name

Emergency Contact Phone

Previous Training

How Did You Hear About Us?

CLASS

DAY

TIME

MONTHLY TUITION

REGISTRATION FEE

TOTAL

I agree that I will not hold the Allen Conservatory of Dance, its agents or employees, liable for property damage, injuries sustained or illnesses contracted by me or my child while at the Allen Conservatory of Dance.

Signature (Parent or Guardian if student is under 18)