DANCE WORLD ACADEMY
REGISTRATION FORM
(PLEASE PRINT CLEARLY AND PRESS HARD)

For Office Use Only
Revised_____
Date Revised _____
Studio Where You Wish To Pay Your Tuition:
Clifton_____ Passaic Park_____
New _____ Returning _____

DATE _____

STUDENT NAME _____

ADDRESS _____

CITY _____

STATE _____ **ZIP** _____ **TEL** _____

AGE _____ **DATE OF BIRTH** _____

PARENT'S E-MAIL ADDRESS_____

IF STUDENT IS UNDER 18 PLEASE COMPLETE

PARENT NAME _____

PARENT WORK TEL _____ **CELL** _____

CLASS NAME	DAY	TIME	TUITION	STUDIO

MONTHLY TUITION TOTAL _____

Please Read and Sign Below:

Photo/Video Release Form

I hereby give permission for images of my child, captured during regular and special dance school activities through video, photo and digital camera to be used solely for the purposes of Dance World Academy promotional material and publications (such as newspaper advertisements, web sites relating to Dance World Academy, etc.) and waive any right to compensation or ownership thereto.

Parent/Guardian Signature _____ Date _____

For Pre-School and Combo 1 Students

I give permission for a female teacher, teaching assistant or female office staff member to help my child if necessary after he/she goes to the bathroom or help change my child into clean clothes in case my child has an accident related to not making it to the bathroom on time.

Please keep an extra set of clothes in your child's dance bag at all times.

Parents Signature _____ Date _____

Please press firmly with a ballpoint pen.