## DANCE WORLD ACADEMY REGISTRATION FORM

(PLEASE PRINT CLEARLY AND PRESS HARD)

For Office Revised	•
Date Revise	
	ere You Wish To Pay Your Tuition:
Clifton	Passaic Park
New	Returning

DATE	TR			New Returning		
STUDENT NAME		L				
ADDRESS			<del></del>			
CITY						
STATEZIP						
AGE DATE OF BIRTH			W4			
PARENT'S E-MAIL ADDRESS						
			<del>.</del>			
IF STUDENT IS UNDER 18 PLEASE CO						
PARENT NAME						
PARENT WORK TEL	CELL					
CLASS NAME	DAY	TIME	TUITION	STUDIO		
		*				
			· · · · · · · · · · · · · · · · · · ·			
	MONTHLY TU	ITION TOTA	AL			
Please Read and Sign Below: Photo/Video Release Form						
I hereby give permission for images of my ch digital camera to be used solely for the purpo advertisements, web sites relating to Dance V	ses of Dance World Academ	y promotiona	l material and publicat	ions (such as newspa		
Parent/Guardian Signature				Date		
For Pre-School and Combo 1 Students						
I give permission for a female teacher, teachi goes to the bathroom or help change my child bathroom on time.						
Please keep an extra set of clothes in your chi	ild's dance bag at all times.					
Parents Signature			Date			
1 archio digitaturo			Date			