

STUDENT'S NAME _____

BIRTH DATE_____ **GRADE**_____ **PHONE**_____ **CELL**_____

ADDRESS _____ ZIP _____

NUMBER TO CALL IN CASE OF EMERGENCY OR CLASS CANCELLATION:_____

I would like to register for: _____ Tap _____ Jazz (2nd grade and older)
 _____ Hip Hop (3rd grade and older) _____ Ballet (required under 7th grade)

How did you hear about our school? _____

Parent's Signature

E-Mail

Registration implies permission for the Diana Lynn School of Dance to use the student's image without compensation for publicizing the school through print and social media.

Non-refundable registration fee enclosed _____ (**\$25 per student/\$35 per family**)

Fall session tuition enclosed: _____ MUST BE PAID AT TIME OF REGISTRATION
(Call for amount)

TOTAL ENCLOSED _____ **(Check payable to Diana Lynn School of Dance)**