

# Allegro Dance Arts Registration Form

Student Name		Date of Birth	
Address		Grade	
City, State Zip		Home Phone	
Guardian(s) Name		Work Phone	
Guardian e-mail		Cell Phone	
Physician		School	
Emergency Contact (other than guardian)		Emergency Phone	
If your child has a medical condition we should know about, please list here:			
How did you hear about us? Did someone recommend the studio? Please list here:			

## Classes

Style	Level	Day(s)	Time(s)	Hours
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

## Payment

Please check method of payment:

Auto-debit from checking  Cash or check  Visa/Mastercard  Post-dated checks   
*(recommended payment method) (2 months in advance) (monthly check turned in at registration)*

Please check payment installment: Monthly  Trimester  Yearly

## Tuition Workspace

	Hours	Rate	Discount	Total
Dancer 1				
Dancer 2			less 10%	
Dancer 3			less 15%	
Referral Discount				
Registration				
Costume/Recital				
Today's Total				
Monthly Installment				
Trimester Installment				

Allegro Dance Arts	907 Market Street	Meadville	16335
allegrodancearts.com	alldance@windstream.net	814.724.2225	

# Allegro Dance Arts Registration Form – pg.2

(Please complete this side if you are registering more than one child)

2 <sup>nd</sup> Student Name		Date of Birth	
School		Age	

## Classes

Style	Level	Day(s)	Time(s)	Hours
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

3 <sup>rd</sup> Student Name		Date of Birth	
School		Age	

## Classes

Style	Level	Day(s)	Time(s)	Hours
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

4 <sup>th</sup> Student Name		Date of Birth	
School		Age	

## Classes

Style	Level	Day(s)	Time(s)	Hours
1.				
2.				
3.				
4.				
5.				
6.				