

Spring Lake School of Dance

515 Passaic Avenue

Spring Lake, NJ 07762

(732) 974-1919

slsdance@yahoo.com

FALL

SCHOOL USE ONLY	
STUDENT NUMBER	
FAMILY NUMBER	

STUDENT'S NAME: _____ AGE: _____ DATE OF BIRTH: ____/____/____

PARENTS'/GUARDIANS' NAME(s): _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUSINESS/CELL PHONE: _____

E-MAIL ADDRESS: _____

EMERGENCY CONTACT (NAME AND PHONE NUMBER):

ANY SPECIAL NEEDS THE STAFF SHOULD BE MADE AWARE OF (MEDICAL CONDITIONS, ETC.):

CAN WE USE YOUR DANCER'S PICTURE ON OUR FACEBOOK/WEBSITE: YES or NO

() CONTINUING STUDENT () NEW STUDENT - PREVIOUS TRAINING: _____

HOW DID YOU HEAR OF US? _____

	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
CLASS					
TIME					

I WISH TO ENROLL THE ABOVE NAMED STUDENT FOR THE CLASSES SET FORTH ABOVE AND AGREE TO PAY THE TUITION FOR THIS PERIOD.

SIGNATURE (Student 18 or over or Parent/Guardian)

Date

A \$35.00 NON-REFUNDABLE REGISTRATION FEE MUST ACCOMPANY THIS REGISTRATION FORM.

Please submit a check or cash for \$35.00, or provide your credit card information below:

Visa/MC/Amex/Discover # _____ Exp: _____ Code: _____

a 3.99% service fee is added to all charges