Explore In Dance

122 West Montauk Highway • Lindenhurst, NY 11757 • (631) 226-8800www.exploreindance.comexploreindance@gmail.com

REGISTRATION FORM

Parents' Names:		· · · · · · · · · · · · · · · · · · ·	
Address:			
	CELL		
Email:			
Emergency Contac	::		
Phone:			
	Student #1	Student #2	<u>Student #3</u>
Student's Name:			
Birthday:			
Age:			

[] Please check here if there is any special information we should know about your child/children and list it below!

I agree to comply with the rules and regulations of Explore In Dance, Inc. as stated in the Studio Brochure and website (<u>www.exploreindance.com</u>). I certify that the above named student(s) is/are in good physical health and hereby give my permission for participation in the dance program. I understand that neither the school, nor any of its instructors is/are liable for any injuries sustained. Students take courses and participate in dance activities at their own risk. I hereby grant permission for photographs and videos to be taken of my student(s) and used to promote Explore In Dance, Inc.

Signature:

Date:_____

Explore in Dance, Inc. requires that you have a credit card on file. Tuition, costumes, and any other payments (excluding company fees) due that month will automatically be taken out on the 1st or 15th of each month.

If you would like to pay using another payment form, you must pay by the 15th of each month before being charged a \$10 late fee. If you do not make a payment by the 15th, the card below will automatically be charged.

Name on Credit Card	:	
Card Number:		
Security Code:	Expiration Date:	ZIP:
Signature:		
Please circle which d	ay you would like your card to	be charged:
1st of the month	15th of the month	