

Living Fountain Dance Company

Registration Date: _____

Location: _____

Student's Name:			Date of Birth:
Family Email:			Age:
Mailing Address:			Grade:
City:	State:	Zip:	Phone:
Parent/Guardian:			Alternate #:
Emergency Contact:		Emergency Contact #:	
Does student have any special needs? (Learning disabilities, handicaps, behavioral disorders, etc.) Is student taking any medicine?			
Is there anything you would like to share with our staff about your dance experiences or expectations?			

The undersigned parties agree that Living Fountain Dance Company, and their representatives shall not be held responsible for any loss or injuries incurred on the premises, or any location, during any activity, participated in or sponsored by Living Fountain Dance Company, or any representative of Living Fountain Dance Company.

X Dated: _____ Guardian Signature: _____

I give permission for this student to be photographed for keepsake and promotional advertising photographs, videos, or DVDs at Living Fountain Dance Company.

X Dated: _____ Guardian Signature: _____

Check this box if you would like to be contacted and guided through the process for using our sliding scale for tuition.

How did you hear about Living Fountain?

What made you decide to come?

Bust	Waist	Hips	Girth	Inseam	SIZE	Shoe Size

For Office Use ONLY					
Date	Payment Made By:	Student's Name	What is the Payment for?	Cash or Check Number?	Amount?
			Registration Fee		
			Session ONE		
			Session TWO		
			Session THREE		