

PRAIRIE SCHOOL OF DANCE

Quality instruction in a wholesome environment

REGISTRATION FORM 2009/2010

Please complete one registration form per family and return with the Dance Class form and payment to: 11000 Blossom Road, Eden Prairie, MN 55347

FAMILY INFORMATION

Parent/s Names: _____

Address: _____

Email: _____

Billing address and name if different to above:

Ph: H: _____ C: _____ W: _____

Emergency contact details other than above:

Name: _____ Relationship to dancer: _____

Ph: H: _____ C: _____ W: _____

Physician Group and phone number:

Please note: This registration form needs to be fully completed for enrollment to be processed. Thank you.

STUDENT INFORMATION

Dancer's Name: _____

Birth date: _____ Age at June 09: _____

School: _____ Grade at Fall '09: _____ F/M

SPECIAL NEEDS/ALLERGIES: _____

_____ New student: Y/N

Dancer's Name: _____

Birth date: _____ Age at June 09: _____

School: _____ Grade at Fall '09: _____ F/M

SPECIAL NEEDS/ALLERGIES: _____

_____ New student: Y/N

Dancer's Name: _____

Birth date: _____ Age at June 09: _____

School: _____ Grade at Fall '09: _____ F/M

SPECIAL NEEDS/ALLERGIES: _____

_____ New student: Y/N

Please turn over →

WAIVER:

In the event of an emergency every effort will be made to contact the parent/ guardian/ emergency person. If we are unable to reach the designated person, your signature below authorizes Sarah Linner Quie and/or Prairie School of Dance staff or volunteers to seek medical treatment for your child. The parent or guardian signing below accepts full responsibility for said care.

Signature of Parent or Guardian, relationship to child/ren and name/s of dancer/s

Date

I, the undersigned, accept responsibility for the bills as will be sent to me from Prairie School of Dance for dance tuition and associated costs. I understand these bills are due and payable on receipt and to be paid in full within 30 days or I will incur a 5% late payment fee, which I agree to pay.

Signature of Parent or Guardian, relationship to child/ren and name/s of dancer/s

Date

I, the undersigned, hereby waive for myself, my child, heirs, issue and assigns all claims of liability against Sarah Linner Quie, Prairie School of Dance, and Prairie Lutheran Church, their instructors, employees, heirs and assigns.

Signature of Parent or Guardian, relationship to child/ren and name/s of dancer/s

Date

**Thank you for choosing Prairie School of Dance
for your dance experience.**

- Age for registration is Dancer’s age on the first day of class.
- Priority placement is guaranteed for the 2009/2010 dance year upon receiving this completed form with the checked Dance Class Form & a \$100.00 holding deposit.
- We will notify you if your choices are unavailable.

CHECK LIST

- Please complete one registration form per family.
- Check the requested class (es) on the 1/2 sheet “2009/2010 Dance Class Form”
- \$100.00 deposit per dancer
- \$40.00 Family Registration Fee
- Return both forms with payment to:
11000 Blossom Road, Eden Prairie, MN 55347
or the studio tuition box.

Thank you!