



REGISTRATION FORM 2016/2017

Please complete one registration form per family and return with payment to:
11000 Blossom Road, Eden Prairie, MN 55347
Register online at www.prairieschoolofdance.com

FAMILY INFORMATION

Parent/s Names: _____

Address: _____

City/State/Zip: _____

Phone: Primary: _____ Secondary: _____

Email: _____

(Email is our primary method of communication)

Billing address and name if different to above:

How did you hear about us? _____

Emergency contact details other than above:

Name: _____ Relationship to dancer: _____

Phone: Primary: _____ Secondary: _____

Physician Group and phone number:

STUDENT INFORMATION

Dancer's Name: _____

Birth date: _____ AGE at Sept. '16: _____

School: _____ GRADE at Sept. '16: ____ F/M

Special needs/Allergies: _____

_____ New student: Y/N

Dancer's Name: _____

Birth date: _____ AGE at Sept. '16: _____

School: _____ GRADE at Sept. '16: ____ F/M

Special needs/Allergies: _____

_____ New student: Y/N

Dancer's Name: _____

Birth date: _____ AGE at Sept. '16: _____

School: _____ GRADE at Sept. '16: ____ F/M

Special needs/Allergies: _____

_____ New student: Y/N

Please turn over →

WAIVER: Please read all & sign under each paragraph.

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 15 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, Grace Church, their instructors, employees, heirs and assigns.

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

Date

I, the undersigned, hereby grant Prairie School of Dance the right and permission to use any photographs or videos of my child for marketing in print and online. I understand that no personal information will be given with the photos.

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

Date

Date Received:

Paid:

Confirmed: Y or N

CLASS CHOICES

Please clearly write the classes you would like to be registered in below.

CLASS DAY & TIME	CLASS NAME	CLASS LOCATION	DANCER NAME

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

- For latest class availability, check online or call
- Age for registration is Dancer's age on the first day of class.
- We will confirm your class registration via e-mail.
- We will notify you if your choices are unavailable.

CHECK LIST

- Please complete one registration form per family.
- Please write your class choices above.
- \$40.00 Family Registration Fee
- Tuition payment for first month of classes
- Return this form with payment to:
11000 Blossom Road, Eden Prairie, MN 55347
or the studio tuition box.

Thank you!