Isabelle School of Dance
Student Registration Form 2010/11

☐ New Student ☐ Returning

E.G. Office: (518) 477-2441 · 1580 Columbia Tpke. · Castleton, NY 12033 · WSL Studio: (518) 674-2242

Student Name _____
Last First

Age _____/____/_____
Actual Age (as of Dec.1. 2010) D.O.B. School Grade Entering in Sept. (K-12)

Parent/Guardians _____
Full Names & Relation

Address _____
Street

_____
City State ZIP

Phone _____/_____/_____
Home Phone Cell Phone Other Contact Phone

Email (Optional) _____ ☐ Tuition Reminders ☐ Studio News/Info

Health conditions, allergies or disabilities that may affect the student during class: _____

Consent & Release: In consideration of accepting my entry into this studio, I hereby release The Isabelle School of Dance, its instructors, employees, and guests from all responsibilities and claims for injuries that I may receive while practicing dance. Recognizing that there is a risk involved in practicing dance, the undersigned guardian, parent or I hereby agree to save, indemnify and keep harmless this school, its instructors, employees, and guests against all liability, claims, judgments, or demands from damages arising from accidents or injuries of the above applicant or his/her property. **Picture Consent:** By my signature below, I grant **The Isabelle School of Dance, Inc**. permission for my child's photograph to be used in any studio publication, including the website (www.isabelledance.com).

I understand that tuition is based on a yearly rate divided into nine (9) monthly payments. Monthly tuition paid after the 2nd lesson of the month increases by $5.00. I understand that if I drop a class after the 1st lesson of any month, I am responsible for that month's tuition.

_____ _____
DATE **SIGNATURE OF PARENT/GUARDIAN or STUDENT (if over 18)**

For Office Use Only:

Registration Fee: ☐ $10 Registration Fee ☐ Waived: _____ $_____

Day/Time/Class	Instructor	Studio	Fee	Adj. Fee
1.				$
2.				$
3.				$
4.				$
5.				$
6.				$

Above Total Month Fee $_____

Additional Siblings _____ + Month Fee $_____

Total Monthly Fee $_____

Amt. Pd _____ Date. Pd_____ Check# _____ Cash _____ **TOTAL DUE $_____**