

Radomile Academy of Dance
564-566 Brookline Blvd.
Havertown, PA 19083

Registration Form

Please use a separate form for each student

Student Name _____

Date of Birth _____ - _____ - _____ Age _____

Parent Name _____

Parent Cell Phone Number _____

Parent Email _____

Address _____

Emergency Phone Number _____

| Class Level | Day | Time | Teacher |
|-------------|-------|-------|---------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

| Second Choice Class Level | Day | Time | Teacher |
|-------------------------------------|-------|-------|---------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Tuition: \$ _____

Registration Fee: \$25.00

Total: \$ _____

I have read and understand completely all school policies

Signature of Parent or Guardian _____

Please make all checks payable to Linda Radomile