

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: \$30.00 (\$40.00 per family)

Total: \$_____

Electronic payment options coming soon!

I have read and understand completely all school policies.

Signature of Parent or Guardian: _____

Please make all checks payable to Radomile Academy of Dance