

Miller Marley School of Dance & Voice Registration Form

Fall _____

Summer _____

BOTH PARENTS OR RESPONSIBLE PARTY

Parent Name(s) _____

Address _____

(street) _____

(city/state) _____ (zip) _____

E-Mail Address Parent: _____

PHONE NUMBERS

Home Phone _____

Mother's Cell _____

Mother's Work _____

Father's Cell _____

Father's Work _____

Student's Cell _____

Student Name

_____ (first) _____ (last)

_____ Female _____ Male

Date of Birth _____ / _____ / _____ Age _____

Student E-Mail _____

School Name (elementary, HS, etc.) Grade _____

Previous Dance Training _____

How did you hear about us? _____

Please check if you want notification when your bill is due. Amount will not be given - just the due date. This will be e-mailed to you.

PERFORMANCE COMPANY

PARENT OR STUDENT PLEASE FILL OUT FOR OFFICE USE ONLY

- _____ **TiniTainers**
- _____ **MiniTainers**
- _____ **Show Biz Jr. Troupe**
- _____ **Show Biz Sr. Troupe**
- _____ **Entertainers White Troupe**
- _____ **Entertainers Red Troupe**
- _____ **Teen/Sr. Competition Team**
- _____ **Jr. Competition Team**
- _____ **Youth Ballet Company**
- _____ **Youth Ballet 2**

DAY	TIME	NAME OF CLASS	HOURS	ADD/DROP

I HAVE RECEIVED MY REGISTRATION MATERIALS AND HAVE AGREED TO COMPLY WITH THE CONDITIONS THEREIN INCLUDING BUT NOT LIMITED TO THE PAYMENT OF LATE FEES AND COLLECTION OF CHARGES AND RELEASE OF LIABILITY FOR ANY INJURY, CLAIM, CAUSE OF ACTION OR LOSS OF ANY KIND.

Parent Signature _____ Date _____

