



**Marilyn Schneider School of Dance
Registration Form**



Classes registering for: _____

Students Name: _____

Address: _____

City, State Zip: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email: _____

Age: _____ Date of Birth: _____

Parent's Business Address: _____

School Attending: _____

Please state any medical condition the student has that the studio should be made aware of:

In case of an emergency, please call: _____

At: _____ Alternate: _____

I hereby agree not to hold Marilyn Schneider School of Dance, it's directors and staff responsible for any damages or liabilities due to theft, accident, or injury, during or resulting from my child's participation in any capacity of or relating to any function or activity of the said Marilyn Schneider School of Dance. Payments for monthly classes and private lessons are due on the 1st of every month, with a 14 day grace period; thereafter, a \$5.00 late fee per month will be applied to outstanding accounts. I hereby assume all financial responsibility for above student(s) enrolled at Marilyn Schneider School of Dance. I further understand that I will be charged for all classes until I have notified the school of my or my child's withdrawal from classes. In the event it becomes necessary to refer this account for collection, you will be liable for all collection fees, including attorney fees, interest, etc.

Parent or Guardian Signature: _____

Date: _____