

Michelle's Studio of Dance, Inc.
602 Oak Street East Bridgewater MA, 02333
(508) 690-1350

Registration form 2018/2019

Reg. Date _____
Payment _____
Confirmation Email _____

Student Information

First Name _____ Last Name _____
Grade (As of September) _____ Birthday _____ Years of Dance _____

Parent/Guardian Information

First Name _____ Last Name _____
Address _____
City _____ MA Zip _____
Home Phone _____ Cell Phone _____
Email _____

Check off all the classes in which you wish to enroll:

6WK Tiny Feet Ballet Jr./Sr. Classical Ballet Hip Hop
 Creative Movement Tap Pre-Pointe Acrobatics
 Pre-School Jazz Pointe Dance Company
 Kinder Combo Contemporary Dance Ensemble

I have read the 2018/2019 studio dance contract and tuition/fees information and will adhere to the policies/fees of MSOD. I approve that tuition installments will run from August until May and the first installment will be charged on the credit card provided. I understand that all payments other than tuition installments must be payable by cash or check only. I hereby release all owners, staff, instructors, and all other liable parties and will not hold them responsible for any and all personal injury or damages with result to or from my participation at MSOD.

Parent or Guardian's Signature: _____ Date: _____

Circle One: MC VISA

Card #: _____ Exp. Date: _____ cvc: _____

Card Holder's Signature: _____ Date: _____

For office Use Only