

Diane Cournoyer Dance Center
REGISTRATION FORM

STUDENTS NAME _____
(last) (first) (middle)

ADDRESS _____
(street) (town) (state) (zip)

PARENTS NAME _____ PHONE # _____ / _____
Home Unlisted Business or cell

AGE** _____ DATE OF BIRTH** _____
** not necessary for adult students (person responsible for account if different than parent)

E-Mail address _____

CLASS SELECTION FOR 2011-2012 SESSION

If new enrollment, complete the following:

1. How much dance experience does the student have and where? _____
2. How did you hear about Diane Cournoyer Dance Center?
Newspaper ad _____ yellow pages _____ friend _____ online _____

SUBJECT	DAY/TIME	LENGTH OF CLASS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Classes will finish 5 minutes before the hour or 1/2 hour)

TOTAL CLASS HOURS LISTED = _____

Amount of First Installment (see Payment Terms and Tuition Rates) \$ _____

Registration Fee: **\$15.00 Before July 31st - \$20.00 After July 31st** \$ _____

Total Amount Due \$ _____

I have read the enclosed "Payment and Tuition Rates" and I agree to enroll the above student under the provisions stated therein. The Dance Center is not responsible for injuries sustained in dance class. It is requested that parents notify The Dance Center, in writing, if a child has an injury or any physical problems.

PARENT'S SIGNATURE _____ DATE _____

**If mailing return Registration Form with first installment and registration fee before September 6, 2011 to:
Diane Cournoyer Dance Center, 329 W. Main Street, Northboro, Ma 01532**

