



For STEPS PAC Office Use Only:

Class Day: Mon. Tues. Wed. Thurs. Fri.

Registration Fee Paid _____

1st week of class begins _____

Monthly Tuition _____

2010-2011 Summer Registration Form

STUDENT INFORMATION

STUDENT'S LAST NAME _____ FIRST _____ MIDDLE _____ GRADE _____ AGE _____ BIRTHDAY _____

MAILING ADDRESS _____ CITY _____ ZIP CODE _____

PLEASE LIST ANY MEDICAL CONDITIONS WE NEED TO BE AWARE OF _____

PARENT'S INFORMATION

PARENT 1 LAST NAME _____ FIRST _____ PARENT 2 LAST NAME _____ FIRST _____

BILLING ADDRESS (IF DIFFERENT FROM PREVIOUSLY LISTED ADDRESS) _____ CITY _____ ZIP CODE _____

E-MAIL ADDRESS _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

COURSE ENROLLMENT

PLEASE CIRCLE ANY COURSES
YOU ARE CURRENTLY
ENROLLING IN:

Open Dance

Ed-Preps

Roly Polys

Tumble

Flexibility

Creative Movement

PARENT CONTRACT

By signing below you are stating that you understand and will comply with the following: Parent understands and expressly assumes all risks involved in connection with dance instruction, rehearsal and training at STEPS, including but not limited to risk of bodily injury occurring as a result of contact with other people or equipment. I also give STEPS permission to use my child's likeness and name(s) for advertising, publicity or publication. Parent also understands that payment is due at time of service and that all costumes and program fees will be paid even if student decides to drop during the school year. I do realize that I must notify STEPS in writing by the 15th of the month proceeding the month I plan to quit. And I also understand that since the spot is being held for me I will continued to be charged until I give a written statement that I will not be returning. I will pay all balances incurred with STEPS Performing Arts Center.

X _____
Parent's Signature

Date