

STUDENTS NAME \_\_\_\_\_

STUDENTS ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE #1 \_\_\_\_\_ EMERGENCY PHONE #2 \_\_\_\_\_ \*EMAIL \_\_\_\_\_

BIRTHDAY \_\_\_\_\_ AGE \_\_\_\_\_ DANCE YEARS EXPERIENCE \_\_\_\_\_

PARENT OR GUARDIAN/FIRST & LAST NAME OF EACH PARENT

1. \_\_\_\_\_, \_\_\_\_\_ 2. \_\_\_\_\_, \_\_\_\_\_  
(LAST) (FIRST) (LAST) (FIRST)

REGISTRATION FEE \_\_\_\_\_  
TUITION PER MONTH \_\_\_\_\_

**(LIST CLASSES STUDENT IS REGISTERING FOR BELOW, CALL FOR PRICING & COMPLETION OF REGISTRATION)**

Class # _____	Subject _____	Day _____	Time _____	Teacher Miss _____	cost _____
Class # _____	Subject _____	Day _____	Time _____	Teacher Miss _____	cost _____
Class # _____	Subject _____	Day _____	Time _____	Teacher Miss _____	cost _____
Class # _____	Subject _____	Day _____	Time _____	Teacher Miss _____	cost _____
Class # _____	Subject _____	Day _____	Time _____	Teacher Miss _____	cost _____
Class # _____	Subject _____	Day _____	Time _____	Teacher Miss _____	cost _____

**MEDICAL CONSENT FOR STUDENTS UNDER 18YEARS OF AGE**

I GIVE SHELOR SCHOOL OF DANCE AND ANY HEALTH CARE PROVIDER RECEIVING REFERRALS, TO RENDER EMERGENCY MEDICAL CARE AND TREATMENT TO

(STUDENT NAME) \_\_\_\_\_,

IN CONNECTION WITH ANY ILLNESS OR INJURY INCURRED WHILE AT PREMISES OF SHELOR SCHOOL OF DANCE OR WHILE PARTICIPATING IN EVENT FOR SHELOR SCHOOL OF DANCE.

*I also give permission to SheLor School of Dance to use photographs of my child &/or dance student*

(STUDENT NAME) \_\_\_\_\_,

*for the purpose of advertising, Website use or any miscellaneous printed materials associated with dance and SheLor School of Dance.*

DATE \_\_\_\_\_ PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

HEALTH INSURANCE NUMBER \_\_\_\_\_ \* LIST ALLERGIES THAT MAY CAUSE TREATMENT OR EMERGENCY, LIST ANY MEDICATIONS THAT MAY BE USED DURING CLASS IE:

ASTHAMEDS, LIST ANY ILLNESSES OR CONDITIONS WE SHOULD BE INFORMED ABOUT: \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

**PARENTS COPY (DETACH)**

*SheLor School of Dance 724-287-9933~www.shelorschoolofdance.com/Classes begin September 8<sup>TH</sup>*

STUDENTS NAME \_\_\_\_\_

REGISTRATION FEE \_\_\_\_\_  
TUITION PER MONTH \_\_\_\_\_

Class # _____	Subject _____	Day _____	Time _____	Teacher Miss _____	cost _____
Class # _____	Subject _____	Day _____	Time _____	Teacher Miss _____	cost _____
Class # _____	Subject _____	Day _____	Time _____	Teacher Miss _____	cost _____
Class # _____	Subject _____	Day _____	Time _____	Teacher Miss _____	cost _____
Class # _____	Subject _____	Day _____	Time _____	Teacher Miss _____	cost _____
Class # _____	Subject _____	Day _____	Time _____	Teacher Miss _____	cost _____