



## Registration Form

PLEASE PRINT CLEARLY

Phone: (909) 599-1111  
 E-mail: [dance@encoredancecentre.com](mailto:dance@encoredancecentre.com)  
 Web: [www.encoredancecentre.com](http://www.encoredancecentre.com)

Student Last Name:		Parent Name:	
Student #1 First Name:		DOB:	
Student #2 First Name:		DOB:	
Student #3 First Name:		DOB:	
Mailing Address:			
City:		Zip:	
Home Phone #		Work Phone #	
Cell Phone #			
E-mail address** (IMPORTANT - PRINT CLEARLY!)			
<b>**Please add the studio's e-mail address (<a href="mailto:encoredancecentre@gmail.com">encoredancecentre@gmail.com</a>) to your list of approved addresses so that we can be sure that you receive communication from the studio throughout the year. PLEASE CHECK YOUR E-MAIL FOR UPDATES ON A REGULAR BASIS!! Thank You!!</b>			
How did you hear about EDC?			
Does your child have any medical conditions we should be aware of?			
<b>Use of Pictures:</b> Periodically, the dance studio will use pictures on the website or other publications for advertisement purposes. Please indicate if you approve of your child's photo being published for marketing purposes.			
<input type="checkbox"/> Yes, I will allow Encore to publish pictures of my child.		<input type="checkbox"/> No, please do not publish pictures of my child.	

\_\_\_\_\_ Parent/Guardian Signature

\_\_\_\_\_ Date

PLEASE READ AND SIGN THE BACK OF THIS PAGE.

**Registration forms will not be accepted without a signed acknowledgment that the 2011-2012 EDC Student Handbook has been read. Each parent must sign on the back of this form to acknowledge the understanding and acceptance of these policies and procedures.**

**Student Enrollment Requests:** Attach separate sheet if necessary

Student Name	Class Name	Class Day	Class Time	# of Hours

Total Hours Registered: \_\_\_\_\_

Total Tuition Due: \_\_\_\_\_

Please mail/bring registration form along with \$35 registration fee and 1st month tuition to:  
 432 E. Foothill Blvd., San Dimas, CA 91773



**PARENT/STUDENT ACKNOWLEDGMENTS**

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**Liability Release:** I hereby release Encore Dance Centre and its owners, contractors and instructors from all liability and give permission for the emergency medical treatment of my child as deemed necessary by a licensed health care professional.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Parent/Guardian)

Date: \_\_\_\_\_

**EDC Handbook Acknowledgement:** I hereby acknowledge I have been given a copy of the 2011-2012 Encore Dance Centre Student Handbook. I further acknowledge I have read and will comply with all EDC policies and procedures as listed herein.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Parent/Guardian)

Date: \_\_\_\_\_