



Registration Form

PLEASE PRINT CLEARLY

Phone: (909) 599-1111
E-mail:
dance@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!)			
**Please add the studio's e-mail address (encoredancecentre@gmail.com) 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!! Please be sure to sign up with Remind.com to receive important studio updates. Thank You!!			
How did you hear about EDC?			
Does your child have any medical conditions we should be aware of?			
<p>Use of Pictures: 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.</p> <p> <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 No, please do not publish pictures of my child. </p>			

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 2018 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 annual registration fee and 1st month tuition to:
432 E. Foothill Blvd., San Dimas, CA 91773



PARENT/STUDENT ACKNOWLEDGMENTS

PLEASE PRINT CLEARLY

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 Withdrawl Acknowledgement: I hereby acknowledge I understand a 30-day notice must be given to discontinue/withdrawl from any lessons. This notice must be given during the first week of the month that is to be the student's last month of instruction. Otherwise that month's tuition is due upon withdrawl. If a student withdraws prior to our annual performance in June, and costumes have already been ordered, that costume becomes the property of Encore Dance Centre and no costume refund will be given.

Print Name: _____

Signature: _____
(Parent/Guardian)

Date: _____

EDC Handbook Acknowledgement: I hereby acknowledge I have been given a copy of the 2018 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: _____