

## Registration Form

### Student Information

Student's Name	M    F
Date of Birth	Sex
Address	City, ST ZIP Code
(    )	(    )
Home Phone	Work Phone
Email	
<b>If under 18:</b>	
Parent/Legal Guardian Name	Relationship to Student
Address	City, ST ZIP Code
(    )	(    )
Home Phone	Work Phone
Email	
School	Grade

### Medical Information / Other Notes

Please include any necessary medical or pertinent personal information:

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### Emergency Contact for Student

Emergency Contact Name	Relationship to Student
(    )	(    )
Home Phone	Work Phone
Email	

### Class Selection

Class Name: _____	Day: _____	Time: _____	Tuition: _____
Class Name: _____	Day: _____	Time: _____	Tuition: _____
Class Name: _____	Day: _____	Time: _____	Tuition: _____
Class Name: _____	Day: _____	Time: _____	Tuition: _____
Class Name: _____	Day: _____	Time: _____	Tuition: _____

**Payment Information**

Payment Method:  Credit Card  Check    Check # \_\_\_\_\_

Name on Card \_\_\_\_\_ Card Type (We accept Visa, Master, Discover) \_\_\_\_\_

Credit Card # \_\_\_\_\_ Security Code \_\_\_\_\_ Exp Date \_\_\_\_/\_\_\_\_/\_\_\_\_

I authorize ECHO School of Dance permission to charge my credit card for the duration marked below (check one):

- One-time payment of \$ \_\_\_\_\_
- Recurring on the 1<sup>st</sup> day of every month for all fees until I notify of cancellation according to the studio participation policy. *(For details please see "Section III: Tuition" in our participation policy)*

Signature: \_\_\_\_\_

**How did you hear about us?**

- Family/Friend    If so, who? \_\_\_\_\_
- Internet Search
- Flyer/Magazine
- Other \_\_\_\_\_