



# Patricia Brosnihan

## Dance Center

Fun & Educational Classes For All Ages

### REGISTRATION FORM

For Both Studios

Hopkinton S. Grafton  
77 West Main St. 130 Ferry St.

#### PARENT INFORMATION

PARENT / GUARDIAN - LAST NAME - FIRST NAME

TELEPHONE (RESIDENCE)

PARENT / GUARDIAN - LAST NAME - FIRST NAME

CELLULAR PHONE

ADDRESS

TELEPHONE (BUSINESS)

CITY

STATE

ZIP CODE

E MAIL

#### STUDENT INFORMATION

STUDENT - LAST NAME FIRST NAME

/ /  
BIRTH DATE  
(MM /DD /YYYY)

AGE AS OF  
SEPTEMBER 1, 2009

ARE THERE ANY MEDICAL CONDITIONS OR INJURIES THAT WE SHOULD KNOW OF?

PREVIOUS DANCE SCHOOL, IF APPLICABLE

EXPERIENCE

**Please indicate Studio**  **Hopkinton** or  **S. Grafton**

**Please include a second choice for Preschool and Ballet & Tap Combo Classes.**

|            |             |           |            |                       |
|------------|-------------|-----------|------------|-----------------------|
| 1st Choice | CLASS _____ | DAY _____ | TIME _____ | AMOUNT OF HOURS _____ |
| 2nd Choice | CLASS _____ | DAY _____ | TIME _____ | AMOUNT OF HOURS _____ |
|            | CLASS _____ | DAY _____ | TIME _____ | AMOUNT OF HOURS _____ |
|            | CLASS _____ | DAY _____ | TIME _____ | AMOUNT OF HOURS _____ |
|            | CLASS _____ | DAY _____ | TIME _____ | AMOUNT OF HOURS _____ |
|            | CLASS _____ | DAY _____ | TIME _____ | AMOUNT OF HOURS _____ |

TOTAL AMT OF CLASSES \_\_\_\_\_ TOTAL HOURS PER WEEK \_\_\_\_\_ TYPE OF PAYMENT PLAN \_\_\_\_\_

AMOUNT DUE \$ \_\_\_\_\_ PLUS REG. FEE \$ \_\_\_\_\_ TOTAL AMOUNT DUE \$ \_\_\_\_\_  CASH  CHECK# \_\_\_\_\_

THE ABOVE NAMED PARTICIPANT HAS MY PERMISSION TO PARTICIPATE IN THE ABOVE LISTED CLASSES. I UNDERSTAND THAT PATRICIA BROSNIHAN DANCE CENTER INC., IT'S TEACHERS AND DIRECTORS ARE NOT LIABLE FOR PERSONAL INJURIES OR LOSS OF OR DAMAGE TO PERSONAL PROPERTY. SINCE THIS IS A PHYSICAL ACTIVITY, INJURY MAY OCCUR. EACH STUDENT MAY DECLINE TO PARTICIPATE IN ANY ACTIVITY WHICH MAY BE HARMFUL AND IS RESPONSIBLE TO INFORM THE INSTRUCTOR OF ANY PHYSICAL LIMITATIONS WHICH MAY PREVENT FULL PARTICIPATION IN CLASS OR RELATED ACTIVITIES. IN CASE OF EMERGENCY, I UNDERSTAND THAT EVERY ATTEMPT WILL BE MADE TO CONTACT THE PERSON(S) ABOVE. IF EMERGENCY MEDICAL ATTENTION IS NECESSARY, THE FACULTY AND DIRECTORS OF PATRICIA BROSNIHAN DANCE CENTER INC. HAS MY PERMISSION TO PROVIDE THE APPROPRIATE CARE.

PARENT SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

How did you hear about the Dance Center:  Newspaper  Friend  Post Card  Other: \_\_\_\_\_