



Patricia Brosnihan

Dance Centers

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, 2011

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: _____