

# Caffery's *Dance and Gymnastics School*

## Registration Form

Director: Maureen Aresco

Phone: 346-5678

Date of 1<sup>st</sup> class: \_\_\_\_\_

Student's name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Award to receive this year \_\_\_\_\_

Mother's name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-Mail \_\_\_\_\_

Social Security number \_\_\_\_\_

Mother's place of employment \_\_\_\_\_

Mother's work number \_\_\_\_\_

Father's name \_\_\_\_\_

Father's work number: \_\_\_\_\_

Father's place of employment \_\_\_\_\_

Billing address if different from above: \_\_\_\_\_

If we need to cancel class what number can we reach you at during the day?

First number \_\_\_\_\_ Second number \_\_\_\_\_

Does the student have any medical problems?

Please fill out the class or classes in which you are signed for

Class \_\_\_\_\_ Time \_\_\_\_\_ Starting date \_\_\_\_\_

Class \_\_\_\_\_ Time \_\_\_\_\_ Starting date \_\_\_\_\_

Class \_\_\_\_\_ Time \_\_\_\_\_ Starting date \_\_\_\_\_

2<sup>nd</sup> choice

Class \_\_\_\_\_ Time \_\_\_\_\_ Starting date \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

I/WE UNDERSTAND THAT IF OUR PAYMENT IS NOT RECEIVED BEFORE THE DUE DATE INDICATED ON OUR MONTHLY INVOICE, WE WILL BE CHARGED A \$20.00 LATE FEE, AND THE DIRECTOR HAS THE RIGHT TO REMOVE ANY STUDENT FROM THE SCHOOL FOR THE REMAINDER OF THE SCHOOL YEAR AND MAY NOT BE ALLOWED TO REREGISTER, AT THEIR DISCRETION IF THE STUDENT BECOMES A DISRUPTION IN CLASS. ALSO "CAFFERYS" MAY USE OUR CHILDS PHOTO OR VIDEO CLIP FOR ADVERTISING PURPOSES ONLY.

SIGNATURE \_\_\_\_\_