

REGISTRATION FORM – RETURNING STUDENTS (2019-2020)

**PLEASE FILL OUT STUDENT'S NAME, CLASS(ES) YOU ARE
REGISTERING FOR, AND ANY INFORMATION THAT HAS
CHANGED IN THE LAST 12 MONTHS.
BE SURE TO SIGN THE BOTTOM OF THE FORM.**

Student's Name _____ Nickname _____

Mailing Name(s) _____ Street Address _____

Apt. # _____ City _____ Zip Code _____

Parent's E-mail address _____ Phone # _____

Mother's /Guardian's Name _____ Cell Phone # _____
Work/Alt. Phone # _____

Father's/Guardian's Name _____ Cell Phone # _____
Work/Alt. Phone # _____

Emergency contacts: Name _____ Phone # _____
Name _____ Phone # _____

Class(es) student is enrolling in:

Day/Time:

Additional Information (Please include information that will help us best serve the student, such as any special needs or concerns): _____

I understand that dance students take dance classes at their own risk and that neither *Virginia Dance Center* nor any instructor is liable for any injury a student may sustain during those classes. By registering with *VDC*, I grant *VDC* the right to use images/photographs taken during class or other *VDC* activities for advertising or promotional purposes. It is my responsibility to keep aware of studio information by reading notices sent home with my child and/or reading notices posted in the studio. I have read the *VDC* brochure or website and I understand, and agree to, the tuition rates, refund policy, withdrawal policy, late fees, class schedule, and other policies outlined therein.

Student's/Parent's (if student under 18) Signature: _____