REGISTRATION FORM - RETURNING STUDENTS (2020-2021)

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 C	Code
Parent's E-mail address	Phone #
Mother's /Guardian's Name Work/Alt. Phone #	Cell Phone #
Father's/Guardian's Name Work/Alt. Phone #	Cell Phone #
Emergency contacts: NameName	Phone # Phone #
Class(es) student is enrolling in:	Day/Time:
	e information that will help us best serve the student, such as
any instructor is liable for any injury a studer <i>VDC</i> the right to use images/photographs tak purposes. It is my responsibility to keep awa and/or reading notices posted in the studio. It to, the tuition rates, refund policy, withdrawa	classes at their own risk and that neither <i>Virginia Dance Center</i> nor not may sustain during those classes. By registering with <i>VDC</i> , I grant ten during class or other <i>VDC</i> activities for advertising or promotional are of studio information by reading notices sent home with my child I have read the <i>VDC</i> brochure or website and I understand, and agree all policy, late fees, class schedule, and other policies outlined therein.
Student's/Parent's (if student under 18) S	ignature: