

**ARABESQUE DANCE STUDIO**  
**6935 OAKLAND MILLS ROAD, SUITE J**  
**COLUMBIA, MARYLAND**  
**410-381-0017**  
**REGISTRATION FORM 2016-2017**

NAME \_\_\_\_\_ PARENT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_ Cell \_\_\_\_\_

WORK PHONE \_\_\_\_\_

EMERGENCY PHONE NUMBER \_\_\_\_\_

PREVIOUS DANCE EXPERIENCE \_\_\_\_\_

AGE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Class/Classes desired \_\_\_\_\_ --

How did you hear about us? \_\_\_\_\_

**Any illnesses or allergies or other problems that we should know about:**

\_\_\_\_\_  
We are asking about illnesses or allergies so we can be as careful as possible with your child's health. Although dancing is not considered dangerous, there is always the chance of an accident occurring and we want to take every precaution to protect you.

If an accident does occur during a supervised activity, I understand that the Arabesque Dance Studio and/or their instructors are not responsible.

I understand that I am signing up for the complete 9 1/2 month program. Registration deposit and tuition are non-refundable.

By signing below, I acknowledged that I, for myself and/or my child, participant or student, have received, read and agree with all of the terms, conditions, policies, procedures, permissions, releases, dress codes, tuition and fees contained within this registration form, release and waiver of liability. I also acknowledge that all registration, tuition, costume, shoes, tickets, are non-refundable and not pro-ratable. I also give permission to take, and use photographs, audio and/or video of any child, participant or student in any medium (print, web, audio, video, and television) to advertise, market and/or promote the studio, its Instructors and staff

**If more than one parent is sharing financial responsibility please decide on one parent who will make payments to the studio.**

Payments will be \_\_\_\_\_ ☒ \_\_\_\_\_ if paid between the 1<sup>st</sup> and 4<sup>th</sup> of the month

Payments will be \_\_\_\_\_ +\$25.00 = \_\_\_\_\_ if paid after the 4<sup>th</sup> of the month

Payment enclosed \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian's Signature