

Michelle's Studio of Dance, Inc.
602 Oak Street East Bridgewater MA, 02333
(508) 690-1350

Registration form 2017/2018

Reg. Date _____
Payment _____
Confirmation Email _____

Student Information

First Name _____ Last Name _____

Grade (As of September) _____ Birthday _____ Years of Dance _____

Parent/Guardian Information

First Name _____ Last Name _____

Address _____

City _____ MA Zip _____

Home Phone _____ Cell Phone _____

Email _____

Check off all the classes in which you wish to enroll:

- 6WK Tiny Feet Ballet Jr./Sr. Classical Ballet Hip Hop
 Creative Movement Tap Pre-Pointe Dance Company
 Pre-School Jazz Pointe Acrobatics
 Kinder Combo Contemporary

I have read the 2017/2018 studio dance contract and tuition/fees information and will adhere to the policies/fees of MSOD. I approve that tuition installment will run from August until May and the first installment will be charged on the credit card provided. I hereby release all owners, staff, instructors, and all other liable parties and will not hold them responsible for any and all personal injury or damages with result to or from my participation at MSOD.

Please indicate your tuition payment plan below

Full 10 pymnt 5 pymnt

Parent or Guardian's Signature: _____ Date: _____

Circle One: MC VISA

Card #: _____ Exp. Date: _____ cvc: _____

Card Holder's Signature: _____ Date: _____
