

Fall _____

Miller Marley School of Dance & Voice Registration Form

Summer _____

BOTH PARENTS OR RESPONSIBLE PARTY

Parent Name(s) _____

Address _____

(street) _____

(city/state) _____

(zip) _____

E-Mail Address Parent: _____

Student Name

(first) _____

(last) _____

_____ Female • _____ Male

Date of Birth _____ / _____ / _____ Age _____

Student Email: _____

PHONE NUMBERS

Home Phone _____

Mother's Cell _____

Mother's Work _____

Father's Cell _____

Father's Work _____

Student's Cell _____

School Name (elementary, HS, etc.) Grade _____

Previous Dance Training _____

How did you hear about us? _____

PERFORMANCE COMPANY

_____ TiniTainers

_____ MiniTainers

_____ Show Biz Jr. Troupe

_____ Show Biz Sr. Troupe

_____ Entertainers White Troupe

_____ Entertainers Red Troupe

_____ Competition Team

_____ Tiny Comp Team

_____ Youth Ballet Company

_____ Youth Ballet 2

PARENT OR STUDENT PLEASE FILL OUT FOR OFFICE USE ONLY

DAY	TIME	NAME OF CLASS	HOURS	ADD/DROP

I HAVE RECEIVED MY REGISTRATION MATERIALS AND HAVE AGREED TO COMPLY WITH THE CONDITIONS THEREIN INCLUDING BUT NOT LIMITED TO THE PAYMENT OF LATE FEES AND COLLECTION OF CHARGES AND RELEASE OF LIABILITY FOR ANY INJURY, CLAIM, CAUSE OF ACTION OR LOSS OF ANY KIND **AND USE OF PHOTOS PROMOTING MILLER MARLEY SCHOOL OF DANCE AND VOICE.**

Parent Signature _____ Date _____

