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Miller Marley School of Dance & Vo	oice Regi	stration F	orm Si	ummer	
BOTH PARENTS OR RESPON	SIBLE PA	ARTY	PHONE	NUMBERS	
Parent Name(s)	»·		Home Phone		
Address			Mother's Cell		
(street)	~·`\		Mother's Work		
(city/state) E-Mail Address Parent:		(zip)	Father's Cell		
			Father's Work		
Student Name			Student's Cell		
(first) (last) Female Male			School Name (elementary,	HS, etc.) Gra	ide
Date of Birth///	Age _		Previous Dance Training]	
Student Email:					
			How did you hear about	us?	
	PARENT		NT PLEASE FILL OUT		
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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.

	Data
Parent Signature	Date

DATE	DESCRIPTION	TRANSACTION	CHARGES	RECEIPTS	BALANCE
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