

<b>Next Generation Dance Center</b>		
Student's Name		
Address		
City	State	Zip code
Home Tel #	Cell Tel #	Work Tel #
<b>Email:</b>		
Name: Parent/Guardian #1		
Name: Parent/Guardian #2		
In case of emergency, please notify:		
Emergency Telephone:		
Student's Age	Birth Date	
Class Name	Day	Time
1.		
2.		
3.		
4.		
5.		
Previous Training? Please list past experience in dance (include style of dance and number of years)		
Name of previous dance school:		
Which days would you prefer your child attend classes?		
Weekday	Saturday	Either
How did you hear about our school?		

BY SIGNING BELOW, I STATE THAT I HAVE READ ALL STATEMENTS AND POLICIES IN THEIR ENTIRETY, AND I UNDERSTAND, AGREE WITH AND SUPPORT ALL POLICIES, RULES AND REGULATIONS OF NEXT GENERATION DANCE CENTER AND STATE THAT I AM SOLELY RESPONSIBLE FOR ALL PAYMENTS DUE ACCORDING TO THE REGISTRATION ENROLLMENT FORM. IF A CLASS IS DROPPED, I MUST TURN IN A DROP CLASS FORM OR I WILL CONTINUE TO BE BILLED FOR ENROLLED CLASSES. I DO NOT HOLD NGDC OR INSTRUCTORS RESPONSIBLE FOR ANY INJURIES THAT MAY OCCUR AT NGDC. IN ADDITION, MY/MY CHILD'S PHOTOS CAN BE USED FOR PROMOTIONAL PURPOSES.

STUDENT'S PARENT OR STUDENT 18 AND OLDER (PLEASE SIGN):

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PLEASE PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_