

Koenig School of Dance Registration Form

(Please complete one form for each child)

Student Information:

Student Name _____ Age _____ Date of Birth _____

School _____ Grade _____

Address _____ City _____ Zip _____

Name of subdivision: _____

Mother's Name _____ Email Address _____

Mother's Home# _____ Cell# _____ Work# _____

Father's Name _____ Email Address _____

Father's Home# _____ Cell# _____ Work# _____

Emergency Contact Name _____

Emergency Contact Phone Number _____

Prior Dance Experience:

Dance Studio _____ Number of years _____

Subjects taken _____

Class Choice:

Class Title	Day	Time	Duration

Release Statement

Koenig School of Dance shall not be held responsible for any personal injuries or property loss sustained by me or my child while participating in activities with the school and/or its staff. I authorize the staff of Koenig School of Dance to seek medical treatment for my child, _____, in the event of an emergency while in the care of the school, and shall hold Koenig School of Dance and its staff harmless in such an event. I will inform the school in writing of any pertinent medical conditions or physical limitations that my child has. I have read the policies and procedures of Koenig School of Dance and agree to abide by all protocol and etiquette requirements. I give permission to the school to use class or performance photographs of my child for marketing purposes.

Parent Signature: _____ Date: _____

Printed Name: _____

Please let us know how you heard about us:

Newsletter Ad
 Flyer
 Walk-in
 Sign
 Yellow Pages
 Referral _____
 Other _____