

Little Smiles Dance Academy, LLC
New Student Registration Form.

Student information:

Student Full Legal Name: _____

Date of Birth: (MM/DD/YYYY) _____

Mailing Address: _____

Primary Phone: _____ Secondary Phone: _____

Name of person responsible for paying fees: _____

Primary e-mail address: _____

Primary Billing Phone: _____

If student is aged 18 or under:

Parent/Legal Guardian information:

Full Legal Name: _____

Phone Number: _____

Legal release and policy acceptance (please initial)

I/we have read and understand all of the Academy policies _____

I/we understand my billing obligations _____

I/we understand the risks related to dance _____

I/we understand my responsibilities for my property _____

I/we understand the dress code _____

I/we understand the schedule _____

I/we give media use rights permission _____

I/we understand the attendance policy _____

Signature / Responsible party: _____

Dated: _____

Fees:

Registration fee: _____

Recital Fee: _____

Tuition Fee: _____

Costume Fee: _____

Competition Fee: _____

Discount: _____

Total monthly Fee: _____

Measurements:

Height: _____ Inseam: _____

Tights size: _____ Shoe Size: _____

Leotard Size: _____

Medical:

Allergies: _____

Will your child require any special medical attention during a normal class? If yes,
please explain: _____
