NORTHERN DANCE THEATRE ~ REGISTRATION FORM

Current Year: _____

Year first enrolled in NDT classes _____

STUDENT'S NAME _____

CLASS(ES) YOU ARE REGISTERING FOR:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

PARENT(S) NAMES _____

STUDENT CELL _____ MOM CELL_____ DAD CELL_____

EMAIL _____

MAILING ADDRESS _____ CITY _____ ZIP _____

ACADEMIC SCHOOL _____PHONE _____

BIRTHDATE _____/_____/_____ STUDENT'S AGE as of Sept.1 _____ GRADE _____

I give my permission for emergency medical treatment for my child that is necessary if you are unable to contact me.

_____ _____ _____

Parent Signature Date Allergies

MEDICAL INSURANCE COMPANY: _____POLICY #_____

NAME OF PHYSICIAN _____PHONE #_____

EMERGENCY CONTACT PERSON: _____ RELATIONSHIP_____

THEIR HOME PHONE: _____ THEIR WORK PHONE: _____

Person who will be paying for classes if other than Mom and Dad: _____

(PLEASE DO NOT WRITE BELOW THIS LINE)

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	DATE	$ OR #	PAYMENT	TUITION	OTHER	BALANCE
Credit	_____					_____
Office Fee	_____	_____	_____			_____
Year's Tuition	_____	_____	_____			_____
First Session	_____	_____	_____	_____	_____	_____
Second Session	_____	_____	_____	_____	_____	_____

Christmas Costume Fees:

Spring Costume Fees:

Paid in Full _____