

Registration Form

Diane Matthews School of Dance Arts
 315-9 Westtown Rd
 West Chester, PA 19382
 (610) 692-3398



Registration Date:
 Account No.

Billing Name

Address

City State Zip/Postal

Hm Phone

E-Mail

Parent 1 Hm. Phone
 Employer Wk. Phone
 Cell

Parent 2 Hm. Phone
 Employer Wk. Phone
 Cell

Emergency Phone
 Contacts Phone
 Phone

Student Name

Address Phone

City State

Birthdate School

E-Mail Zip/Postal

Medical Info:

Dr. Name Phone

| | Name | Level | Day | Time | Tuition |
|----------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Classes | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Registration Fee:
Total Tuition:

Thank you for choosing us as your families dancing school. Please inform us of any health or developmental issues we need to know. Persons with medical problems are advised to check with their doctor before attending dance classes. Registration will be accepted on a first come first served bases. We reserve the right to cancel any class with insufficient enrollment. Registration fees are non-refundable. Tuition is non-refundable once classes have begun. By signing this form I agree that the above information is correct, and to follow the policies of the Diane Matthews School of Dance Arts.

Parent Signature: _____

Date: _____