

Please complete ONE form per child.  
This form may also be completed online - www.piedmontschoolofdance.com

For Office Use Only	

# Piedmont School of Dance

2007-2008 Season Registration Form  
New and Returning Students

STUDENT'S NAME \_\_\_\_\_

PARENTS' NAMES \_\_\_\_\_

CUSTODIAL CARE BELONGS TO:  Both Parents  Mom Only  Dad Only  Other \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

PHONE HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

AGE \_\_\_\_\_ BIRTHDAY \_\_\_\_/\_\_\_\_/\_\_\_\_ GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_

YEARS OF DANCE INCLUDE STUDIO NAMES \_\_\_\_\_

EMERGENCY CONTACT - (Someone that could be reached in case of an emergency in the event you are not available.)

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

ALLERGIES OR MEDICAL CONDITIONS WE SHOULD BE MADE AWARE OF \_\_\_\_\_

How did you find out about us?

Newspaper Ad  Flyer  Friend or Relative \_\_\_\_\_  Other \_\_\_\_\_

In addition to monthly tuition payments, I choose the following payment plan for costumes and recital fee:

*Prices are pending at this time. Amounts will be given in September.*

One payment due in November  Two payments, due in November & February  Five payments, due in Oct., Nov., Jan., Feb., & March

In case of medical emergency, I understand that when medically feasible, an effort will be made to contact a parent/guardian, but in the event one is not reached or it is not medically feasible to contact one, I hereby give permission for my child to be treated. In the event consent is needed for medical care on a non-emergency basis and I cannot be reached, Sue Savage is authorized to act on my behalf. Furthermore, I agree to hold harmless Piedmont School of Dance and all of their employees and agents in the event of an injury occurring to my child during any activities associated with the Piedmont School of Dance. I recognize that participating in this activity has a certain amount of risk and that an injury is always possible. I certify that my child is, to the best of my knowledge, physically able to participate in this activity. I assume full financial responsibility for medical expenses arising out of such injury.

I also allow all pictures and film taken of my minor child to be used for publicity purposes for the Piedmont School of Dance. I hereby indemnify and hold harmless against any and all claims of damages arising out of taking or use of pictures or videos of my minor child.

I agree that my child and I will abide by the standards set by this studio in the parent handbook.

**By signing this registration form, I assume full financial responsibility for registration, tuition, costumes, recital and all other fees.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Please complete this form and return with a non-refundable registration fee.  
\$25 per student; \$20 each additional student in the same household

**Please make checks payable to Sue Savage.**

Mail your form and payment to:

Piedmont School of Dance  
Sue Savage  
546 Dorothy St.  
Farmington, MO 63640