

For Office Use Only
Registration _____ Ck.# _____
Insurance _____ Ck.# _____
Sept. _____ Ck.# _____

ENROLLMENT FORM FOR 2009-2010
MISS CINDY'S SCHOOL OF DANCE, LLC, 215-536-6755
P.O. BOX 656
QUAKERTOWN, PA 18951

NAME _____ AGE _____

HOME PHONE _____ CELL PHONE _____ BIRTHDATE _____

ADDRESS _____

CITY/STATE/ZIP _____

PARENT'S NAME _____

A REGISTRATION FEE OF \$19.00 MUST ACCOMPANY THIS FORM BEFORE JULY 31, 2009. AFTER JULY 31, THE REGISTRATION FEE IS \$20.00. IF INTERESTED IN GYMNASTICS, AN INSURANCE FEE WILL BE REQUIRED.

PLEASE CHECK THE CLASSES YOU ARE INTERESTED IN:

BALLET _____ ADULT CLASSES JAZZ _____ BALLROOM _____

TAP _____ BATON _____

JAZZ / HIP-HOP _____ 2-3 YRS. TOT PROGRAM _____

POINTE _____ 3-5 YRS. PRESCHOOL _____

MODERN _____ KINDERGARTEN _____

GYMNASTICS _____ MODELING COURSE _____

TOT GYMNASTICS _____ CHEERNASTICS _____

2- 3 YRS. _____

Kickboxing _____

TUMBLING & MINI TRAMP _____

SOLO, DUO, TRIO (Please circle)
Partner(s) Name(s) _____

*TEACHERS WILL BE ASSIGNED FOR ALL PRIVATE CLASSES
You may not request a teacher.

ANY STUDENT PAYING A FULL YEARS TUITION IN ADVANCE WILL RECEIVE JUNE CLASS AT NO CHARGE. ANY CHILD BRINGING A NEW STUDENT WILL HAVE A FREE REGISTRATION FEE FOR 2009-2010. PLEASE SEND FORMS STAPLED TOGETHER TO RECEIVE FREE REGISTRATION.

There is no refund for missed classes or withdrawal from class for any reason.

PLEASE RETURN THIS FORM AS SOON AS POSSIBLE EITHER TO YOUR CLASS OR BY MAIL. THANK YOU.

I understand that all tuition and fees are non-refundable.

PARENT'S SIGNATURE _____