

For Office Use Only  
Registration \_\_\_\_\_ Ck # \_\_\_\_\_  
Insurance \_\_\_\_\_ CK # \_\_\_\_\_  
Sept \_\_\_\_\_ CK # \_\_\_\_\_

ENROLLMENT FORM FOR 2008-2009

Miss Cindy's School of Dance, LLC  
P.O. Box 656  
Quakertown, PA 18951  
215-536-6755  
[www.misscindysschoolofdance.com](http://www.misscindysschoolofdance.com)

Student's Name \_\_\_\_\_ Age \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Birthdate \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_

A registration fee of \$18.00 must accompany this form before July 31, 2008. After July 31, the registration fee is \$19.00. If interested in gymnastics, and insurance fee will be required.

Please check the class(es) you are interested in:

BALLET \_\_\_\_\_ ADULT CLASSES – JAZZ \_\_\_\_\_ TAP \_\_\_\_\_

TAP \_\_\_\_\_ BATON \_\_\_\_\_

JAZZ/HIP HOP \_\_\_\_\_ 2-3 YRS. TOT PROGRAM \_\_\_\_\_

POINTE \_\_\_\_\_ 3-5 YRS. PRESCHOOL PROGRAM \_\_\_\_\_

MODERN \_\_\_\_\_ KINDERGARTEN \_\_\_\_\_

GYMNASTICS \_\_\_\_\_ MODELING COURSE \_\_\_\_\_

CHEERNASTICS \_\_\_\_\_ 2-3 YRS. TOT GYMNASTICS \_\_\_\_\_

KICKBOXING \_\_\_\_\_ TUMBLING & MINI TRAMP \_\_\_\_\_

PARTNERING \_\_\_\_\_ BALLROOM \_\_\_\_\_

SOLO, DUO TRIO (PLEASE CIRCLE) PARTNER'S NAME \_\_\_\_\_

\*TEACHER WILL BE ASSIGNED FOR ALL PRIVATE CLASSES. YOU MAY NOT REQUEST A TEACHER.

ANY STUDENT PAYING A FULL YEAR'S TUITION IN ADVANCE WILL RECEIVE JUNE CLASS AT NO CHARGE. ANY CHILD BRINGING A NEW STUDENT WILL HAVE A FREE REGISTRATION FEE FOR 2008-09. PLEASE SEND THOSE 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 the studio or by mail. Thank you.

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

PARENT'S SIGNATURE \_\_\_\_\_