



Thank you for your inquiry and desire to enroll in Dance Express!

We need some information from you in order to save you a place in our classes. I have also attached our emergency form. Please complete the form and mail it back to me with your first month's tuition. Mail it to 4043 Primo Rd., Festus, MO 63028. The tuition deposit is non-refundable. Once I receive it, you will *officially* be enrolled and will receive a letter in late July/first of August with more information including your class time.

To save your place right now, please email me (or you can mail) back the following:

Then, mail your tuition deposit:

Miss Lisa's Dance Express Official Registration Form

Miss Lisa's Dance Express

4043 Primo Rd

Festus, MO 63028

573-885-2630

This form needs to be filled out and returned A.S.A.P. The student may not be allowed to participate in classes unless this form is received and the first month's tuition is included.

Mail to: Miss Lisa's Dance Express, 4043 Primo Rd. Festus, MO 63028

Student's Name: _____

Birthdate: _____ Age as of August _____

Parent's Name _____

Address: _____

Phone: _____

Email: _____

Classes you wish to enroll

Dance _____

Acro/Tumbling _____

Do you have any experience in these classes? If so, what? _____

IMPORTANT NOTES

By signing this form, the parent/adult is assuming any and all responsibility for the student, including financial obligations. The parent/adult also agrees that in event of injury at *Miss Lisa's Dance Express*, the parent is solely responsible. The parent has read all of the studio policies given with this packet and understands all policies and procedures written.

Signature _____ Date _____

Please complete and return the emergency form at the bottom as well! Don't forget your first month's tuition!

*Miss Lisa's Dance Express
Student Info Sheet*

Student's Name _____ Birthday _____

Nick name _____

Parent/Guardian's Names _____

Address _____ Phone _____

Cell phone _____ Work Phone _____

Email _____

We send out monthly newsletters... would you rather receive them by email? Yes ____ No ____

Emergency/Health Student Information

In case of accident or illness where can parents be reached?

Father _____ Phone _____

Mother _____ Phone _____

In case parents cannot be reached, please list two relatives or neighbors who live nearby who will assume temporary care of your child if you cannot be reached.

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

Doctor _____ Address _____ Phone _____

Allergies? (bees, medications, etc) _____

Is student on any medications? (please list) _____

Please note any health problems your child might have:

Asthma ____ Date of last episode _____

Seizures ____ Date of last episode _____

Diabetes ____

Blood Pressure _____

Heart _____

Any other illness, injury or health problems which might affect the students athleticism. ____

All information is current and accurate regarding this child. I understand that once my child has been released to one of the individuals listed above, Dance Express assumes no responsibility for the welfare of the child. Dance Express is not responsible for any damages and/or injuries, but it is the responsibility of the parent/guardian.

Parent signature _____ Date _____