



Registration Form 2018/2019

Name: _____ Age: _____ Grade: _____ D.O.B. _____

E-mail _____ Telephone #: _____

Address: _____

Parent/Guardian: _____ Telephone#: _____

Emergency Contact: _____ Telephone#: _____

Dance Experience: _____

Any injuries or medical problems? _____

How many years have you been a student a Allegro? _____

Fees: Payments are due at the first of the month from August – May.

Mail to P.O.Box 23 Macungie, PA 18062 or place in drop box, in the studio lobby.

Tuition is one price broken up into ten monthly payments and is not based on a per class or monthly fee. Payments received after the 5th of the month will incur a \$15 late fee.

Tinyrinas.....\$62/Payment

Technique Classes.....\$65/Payment

PrePointe/Pointe.....\$40/Payment

Multiple Class Rates.....\$65/Payment/1st Class

Multiple Class Rates above are on a sliding scale.....\$10 off each additional class

Private lessons.....\$40 ½ hour

Registration Fee.....\$40

One of the most exciting promotional tools in dance is the use of photos/videos showing students in action. May Allegro Dance Studios LLC publish or display pictures of your child for use in future publications, such as newsletters and brochures, and on the studio website?

Check: yes no

I, the undersigned, do agree to release and hold harmless of all liability Allegro Dance Studios LLC, it's employees, officers, volunteers, from any claim demand or cause of action for injury to the above named participant or damage to her/his personal property which arises out of or is in any way connected with Allegro Dance Studios LLC programs and hereby acknowledge that you are knowingly and voluntarily assuming full responsibility for all risks of physical injury arising out of active participation in a dance class or other dance related activities. I understand that there are no refunds for registration fees, costumes, recital fees, or classes. I understand and agree to Allegro Dance Studios LLC policies and procedures. I understand that my child must have this release signed before attending class.

Parent or Guardian Signature

Date

Check #

\$ _____
Payment Total