# *Dance Studio of Wakefield*
# *2008 -09 FALL REGISTRATION*

***Student Name#1 _____Birthdate _/_/_***

***Student Name#1 _____Birthdate _/_/_***

***Parent Name _____***

***Address _____***

***Town _____Zip _____***

***Phone _____Emerg. Phone _____***

***Email _____***

***Pertinent medical information:***

## *Class Desired:* (If your desired class is full we will inform you.)

STUDENT #1 First Choice _____
Second Choice _____

STUDENT #2 First Choice _____
Second Choice _____

I understand that the dance recital will be video taped for sale to the attendees and students of the recital. I agree to allow The Dance Studio of Wakefield to use photos of my child taken during dance events to be used for promotional material. _____Yes _____No

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***OFFICE DATE AND TIME STAMP _____ office copy***
***AUTHORIZED SIGNATUR _____***
***REGISTRATION NUMBER _____***

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***OFFICE DATE AND TIME STAMP _____ student copy***
***AUTHORIZED SIGNATUR _____***
***REGISTRATION NUMBER _____***