REGISTRATION FORM

Please fill out one (1) form for all dance student(s) in family. Once completed, enclose check or money order payable to <u>CASH</u> for \$60.00 for <u>each student</u> registered. (Mail-ins <u>must be</u> postmarked before September). Register <u>BEFORE</u> June 10th & fee is \$50.00 per student. A <u>costume deposit of \$50.00 per student</u> made payable to Scott Academy of Dance is also required. Please mail form, registration fees & costume deposit to: Scott Academy of Dance, 405 Debonnaire Road, Scott, LA 70583. Thank You!

	20 20 REGISTRATION
CLASS:	Birth Date:
Student Name:	Grade:
Age: Parent	Name:
Mailing Address:	
City:	Zip:Home#
M Cell #	M Work #
E Mail	F Cell #
Emergency Contact (Other	than parents)#
COMPLETED YEARS	of dance # With whom:
Please circle	Award to receive: 3 rd 5 th 7 th 10 [⊪] Graduate 20 th 25 th
	hool Preschool Primary Level I Level II
	Level IV Ladies College Competition
Level III	
	Subjects: (Check all that apply)
Acro/Tumble	_ Classical Ballet Contemporary Hip Hop Jazz
Modern	Leaps & Turns Lyrical Pointe Tap
I, the undersign	d do not hold Marguerite B. Fontenot or anyone associated with Scott
_	ce responsible for any injuries received by my child or myself. I fully
	esponsible for my child and myself prior to and immediately following I also agree to pay all fees before scheduled due date, which is the 1 st
	ot expect any refund if my child or myself is not in full attendance. I grant
	nyone associated with Scott Academy of Dance to take any actions
necessary to ob	nin emergency medical care while my child is under their supervision.
I agree	o abide by <u>ALL policies</u> stated in the Registration Pamphlet.
Parent or Guardian:	Date:
	Additional Siblings:
First Name Grad	Birthday Completed Dance Yrs. Class or Subjects Award