Dove Dance Mus Fall Registrat	stang 2022-2023 ion Form * Season 5
Dancer's Name	AgeBirth date
Address	_CityZip Code
Parents/ Legal Guardian	
Home Phone Mother	
Father's work/cell phonee-ma	
Years of training – ballet jazz tap other	
<u><b>Class Enrollment Section:</b></u> I would like to enroll in the through September 20th to change any classes or add or sub-	
Day of Wk <u>Time</u> <u>Class Name/Level</u>	
1.	How Did You Hear About Us?
2.	─────────────────────────────────────
	Yellow Pages
3.	□ Word of Mouth: <i>from whom</i> ? □ Past Student (Who?:) □ Current Student (Who?:)
4.	Dance Store:
T.	□ Other:
5.	□ Sign in front of Studio
Please list any medical conditions or learning disabilities (a	sthma, ADD, dyslexia, hearing/sight etc.)
Home Church	
Method of Payment: \$\Box\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$	
CHECK (#:) / (Pmt Amount: \$)	
<b>Commitment Policy: Signature below is require</b> I understand that I have through Sept. 20th 2022 to withdrawal f If I withdraw from classes after this date, I will continue to pay f dance year. I understand that if my child is placed in company fo company required classes and all tuition and fees will remain due	rom classes with no further financial obligations if . or his/her space in classes for the remainder of the r the dance year, I may not withdraw from the
Signature of Parent/Signature	Date

Dove Dance OKC	2022-2023
Fall Registration	Form * Season 31
Dancer's Name	AgeBirth date
Address City _	Zip Code
Parents/ Legal Guardian	
Home Phone Mother's cell p	hone
Father's work/cell phone e-mail	
Years of training – ballet jazz tap other	
Class Enrollment Section: I would like to enroll in the follo	wing classes. Lunderstand I have through
September 20th to change any classes or add or subtract classes:	How Did You Hear About Us?
Day of Wk Time Class Name/Level	Web Search
1	□ Word of Mouth: <i>from whom</i> ?
2	Past Student (Who?:) Current Student (Who?:) Durent Student (Who?:)
3	Dance Store:  Other:
4	─ □ Sign in front of Studio
5	─ □ Other:
Please list any medical conditions or learning disabilities (asthma, ADD, dyslexia, hearing/sight etc.	
Home Church	
Method of Payment:	
□ \$45 Registration fee for first dancer in the family, \$20 for eac	Dove Dance School
□ Registration Fee & Full Year's Tuition (10% discount applies CHECK (#:) / (Pmt Amount: \$)	<b>5842</b> NW 72nd Place Warr Acres, OK 73132
CHECK (#) / (Fint Anount. \$)	
<b>Commitment Policy: Signature below is required in o</b> I understand that I have through Sept. 20th 2022 to withdrawal from If I withdraw from classes after this date, I will continue to pay for his/he dance year. I understand that if my child is placed in company for the dat company required classes and all tuition and fees will remain due throug	classes with no further financial obligations er space in classes for the remainder of the nce year, I may not withdraw from the
Signature of Parent/Signature	Date