

973-376-2111

Little Mover Registration

908-686-8689

Student Name: _____
(First name) (Last name)

Address: _____
(Street) (Town) (Zip)

Date of Birth: ____/____/____ **Age (as of 9/16)** ____

Parent Info: Parent 1: _____ **Parent 2:** _____
(First) (Last) (First) (Last)

Home: (____) ____ - ____

Home: (____) ____ - ____

Cell: (____) ____ - ____

Cell: (____) ____ - ____

E-mail _____

Emergency Contact: Name: _____ **Phone:** (____) ____ - ____

How did you hear about Turning Pointe Dance Center? **Sign Ad Friend Website Internet**

*If your child has any medical conditions we should be aware of please list below:

I hereby permit my child to participate in dance and/or gymnastics and understand the risks inherent in such activities. I release Turning Pointe Dance Center and its staff from any and all legal liability and medical cost arising due to any injury incurred during the course of instruction or participation in any TPDC related activity.

I release rights to all photos taken in relation to Turning Pointe Dance Center, for exclusive TPDC use in promotion or advertising.

Signature _____ **Date** ____/____/2016

	Session 1	Session 2	Session 3	Session 4	Session 5
Dates	September October	November December	January February	March April	May June
Tuesday #18S 10:00-10:45am Springfield					
Thursday #49S 1:00-1:45pm Springfield					
Saturday #82U 9:30-10:15am Union					

Little Movers

Office Use only:
 Tuition Amount: _____

Paid By: cash check # _____ Visa / MC / Amex / Discover

Copy sent to Springfield Entered in computer

Notes: