

# Moving Light Dance



184 River Street Montpelier, Vermont 802-595-3606  
[www.movinglightdance.com](http://www.movinglightdance.com)

## Fall 2021 Dance Program Registration Form

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent's or Guardian's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Town: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent's Email: \_\_\_\_\_ Student's Email: \_\_\_\_\_

Emergency Contact- Name, Home Phone & Cell Phone: \_\_\_\_\_

Person responsible for payments: \_\_\_\_\_

Please list any medical conditions your child has, that you feel his/her teacher should be aware of:

\_\_\_\_\_

I hereby give permission to Moving Light Dance to photograph and/or video tape my child during classes, rehearsals and/or performances for school promotional use:

Signature: \_\_\_\_\_

### Registering for the following Classes:

Please write in:	name of class	day/length	Tuition
1 <sup>st</sup> class	_____	_____	_____
2 <sup>nd</sup> class	_____	_____	_____
3 <sup>rd</sup> class	_____	_____	_____
4 <sup>th</sup> class	_____	_____	_____

Spring Performance/Company Fee \_\_\_\_\_

Total Tuition \_\_\_\_\_

I am enclosing a check along with this registration in the amount of \$ \_\_\_\_\_

I am aware that ballet and other forms of dance may cause physical stress and injury to the body and on behalf of myself and my child I assume the risk and agree not to hold Moving Light Dance liable in any way. I have read and understand the terms and conditions of Moving Light Dance policies and payment plan and agree to abide by them.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please mail registration with payment to: Moving Light Dance 184 River Street Montpelier, Vt 05602**