## 2023-2024 DANCE EXPLOSION REGISTRATION FORM

INSTRUCTIONS: PLEASE COMPLETE ONE FORM PER STUDENT. A \$30 REGISTRATION FEE IS DUE AT ENROLLMENT. A\$50 COSTUME DEPOSIT WILL BE DUE IN OCTOBER FOR EACH CLASS REQUIRING A COSTUME FOR RECITAL. COSTUME BALANCES WILL BE DUE IN DECEMBER. MOST COSTUME TOTALS ARE BETWEEN \$70-\$100. A \$40 RECITAL FEE WILL BE DUE IN MARCH.

| STUDENT'S FULL NAME   |   |   | NIC                                       | X NAME   |                                     |
|---|---|---|---|--|-------------------------------------|
| BIRTHDATE   | GRADE IN AU   | JGUST 2023  | AG  | E  |                                     |
| CLASS 1   |   | CLASS 2   |   |  |                                     |
| CLASS 3   |   | CLASS 4   |   | <del></del>                                    |                                     |
| CLASS 5   |   |   |   |  |                                     |
| REGISTRATION \$30 DAT   | E PAID  | CHECK / CAS   | Н   |  |                                     |
| TOTAL CLASSES ENROL   | LED INN   | MONTHLY TUITIC  | )N AMOUNT_                                |  |                                     |
| PARENTS, PLEASE READ A  | BOVE AND BELOW IN   | ORDER TO UNDER  | STAND FEES:                               |  |                                     |
| I AGREE TO PAY THE REG<br>AND TUITION. I UNDER:<br>EXPLOSION. THIS AMOU<br>COMMUNICATION IS VI<br>PLEASE VISIT OUR WEB. | STAND THAT THEAM<br>INT WILL BE DUE AU<br>A EMAIL AND THE W | OUNT DUE EACH I<br>GUST 2023 THROU<br>EBSITE - <u>WWW.D</u> I | MONTH IS PA<br>UGH MAY 202<br>ANCEEXPLOSI | YABLE TO DAN<br>4. OUR MAIN FO<br>CONPAGELAND. | ICE<br>ORM OF<br><mark>COM</mark> . |
| PARENTS   |   |   |   |  |                                     |
| ADDRESS   |   | CITY  |   | ZIP CODE                                       |                                     |
| MOTHER'S CELL #   |   | FATHER'S CEI  | .L#                                       |  |                                     |
| HOME #  | _WORK # (MOM)   | WOR   | K # (DAD)                                 |  |                                     |
| EMAIL ADDRESS THAT  | WE MAY SEND CORF  | RESPONDENCE TO  | Э:  |  |                                     |
| EMERGENCY CONTACT   | NAME & NUMBER_  |   |   |  |                                     |
| CHILD'S PHYSICIAN NA  | ME AND NUMBER   |   |   |  |                                     |
| PLEASE LIST ANY CONC<br>AWARE:  | CERNS, ALLERGIES, O   | OR MEDICAL CON  | IDITIONS OF                               | WHICH WE SH                                    | OULD BE                             |