

D.N.P. Registration Form Fall 2009-2010

Register by mail: P.O. Box 280 Tyngsboro MA 01879 ~ Register at Open House 92 Middlesex Rd, Tyngsboro MA 01879
Open Houses Dates will be posted on www.DanceNorthProductions.com after 6/27/09

Student Name: _____ D.O.B.: _____ Age: _____

Grade: _____ School Attending if Applicable: _____

Parent/s/Guardian/s Name/s: _____

Address: _____

Town: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Secondary Address: _____

Town: _____ State: _____ Zip: _____

Secondary Phone/Email: _____

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Dance Experience if applicable: \_\_\_\_\_

\_\_\_\_\_

Other performance experience or special talents: \_\_\_\_\_

\_\_\_\_\_

Please briefly explain what you'd like your child to gain from their experience with movement and dance:

\_\_\_\_\_

\_\_\_\_\_

Please share anything you feel we should know about your child:

\_\_\_\_\_

\_\_\_\_\_

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The studio and instructors are not liable for personal injuries or loss or damage to personal property. Any student may decline to participate in any activity. Please inform your instructor of any physical limitations or conditions you may have.
I permit DNP to use images of my child/ren for promotional materials.

Parent/Guardian Signature: _____ Date: _____

Ballet
 Jazz

Pointe

Prepointe

Tap

Modern

Lyrical

Musical Theatre
 Triple Threat

Stretch & Strength

Leaps & Turns

Open Ballet

Master Classes

Dance Company

Hip Hop
 Pop & Lock

Street Funk

Old School

Ballroom

Zumba

Indian Classical

Preschool
 B.Day Parties

Bollywood

Fusion

Registering for:

class day	class time	class title	class duration
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Preferred Payment Plan (check one):

Semester payments _____

Monthly payments _____

Family Discount (if applicable) Please list student family members. - _____

4 + Class Discount (if applicable) - _____

Registration Fee (and Monthly Plan fee of \$25 if applicable) + _____

Parent/Guardian Signature: _____

I have read and agree to the terms of the DNP payment policy. Please note that a \$60 costume *deposit* per class is due by November 1st. I understand that I am responsible for costume balance.