

Registration Form

Student's full name _____ (nickname) _____

Age ___ date of birth _____

Address _____ City _____ Zip _____

Home phone _____ Work phone _____ Cell _____

Bill to: Name _____

Address (if different from above) _____ Zip _____

Phone number _____

School _____ Grade _____ Hours _____ Health Problems _____

Father's Name _____ Profession _____ Phone number _____

Mother's Name _____ Profession _____ Phone number _____

Parents Email address: _____

Previous Dance Experience: (not necessary for former students) Length of Study (number of years) and type of dance?
(Ballet, Jazz, Tap)

Ages 3,4,5 & 6 _____

Ages 7-11 _____

Ages 12 – up _____ Where? _____

Please mark the following:

Age Group Desired Course Number of Classes

3	Creative Movement	
4 & 5	Pre-Ballet & Tap	
6	Pre-Ballet and Jazz	
7-18	Ballet	
7-18	Jazz	
7-18	Tap	
7-18	Hip-Hop	
12-18	Modern	
12-18	Lyrical	

Ballet-Pointe* will be at Faculty discretion.

*Class placement is according to age and ability. If you have a work schedule or existing commitments that need consideration, please list on reverse side of this registration.

Note: Please enclose \$20.00 registration fee (\$25.00 after June 30th). Check are payable to the Academy of Dance Arts, Inc. 1425 C West First Street, Winston-Salem, NC 27103. Do not enclose cash. This registration fee is non-refundable. A signed release form must accompany registration for new students only. Class schedules will be mailed in August.

Parent's Signature _____

RELEASE FORM: signature required

Academy of Dance Arts, Inc.

1425 C West First Street

Winston Salem, NC 27101

(336)724-9041

Dear Parents,

During the past several years, it has come to our attention that there are several potential problem areas at our school. Some children ride the bus to the Academy from school and spend several hours on the premises. Our staff is unable to monitor the comings and goings and behavior of our students at any time other than during official class time. For this reason, it is necessary for us to clearly state our position to you.

Academy of Dance Arts, Inc. is not liable for and is hereby released from any injuries, claims or damages resulting from any injury sustained by your child or by you on or about the school premises, or any other place of rehearsal or performance. Further, Academy of Dance Arts, Inc. does not stand in loco parentis to your child and is not responsible for any injuries sustained by your child outside the premises of the school. You, the parent, are solely responsible for the safe and appropriate delivery and pick-up of your child to and from the school.

ACADEMY OF DANCE ARTS, INC.

Wanda Moore Plemmons, Owner/Director

I hereby certify my acceptance of the above terms of my child's enrollment in the Academy of Dance Arts, Inc.

Name of Child (Children)

Parent/Legal Guardian

Date of Birth (dates)

Address
