



## Registration Form

*Please mail this form along with registration fee to: 1765 State Street, Schenectady, New York 12304*

Student Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_

Student Age: \_\_\_\_\_ M ☐ F ☐ Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Prior Training, please describe:

\_\_\_\_\_  
\_\_\_\_\_

Health Issues: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Enroll me in the following class/classes: \_\_\_\_\_ Date Enrolled: \_\_\_\_\_

☐ Tap

Day: \_\_\_\_\_ Time: \_\_\_\_\_

☐ Ballet

Day: \_\_\_\_\_ Time: \_\_\_\_\_

☐ Jazz

Day: \_\_\_\_\_ Time: \_\_\_\_\_

☐ Pre-School / Creative Dance

Day: \_\_\_\_\_ Time: \_\_\_\_\_

Payment Selection:

☐ I have elected to pay my tuition for the season in four payments: September, November, February, and April

☐ I have elected Payment Plan A, with a 10% discount; payment must be received in full by September

☐ I have elected Payment Plan B, with a 8% discount; payment must be received as two equal installments in September and January

*Please send \$10.00 Registration Fee and Completed Form to 1765 State St., Schenectady, NY 12304.*