

Connie Prevatt
Music and Movement Dance Class
REGISTRATION FORM
(PLEASE PRINT CLEARLY)

Classes Held at Saint Anne School
Wednesdays, 2:00-3:30 Beginning October 6, 2010

CHILD'S NAME: _____

AGE: _____ GRADE/TEACHER: _____

PARENTS' NAMES: _____

HOME PHONE NUMBER: _____

WORK OR CELL PHONE NUMBER: _____

EMAIL: _____

EMERGENCY CONTACT (NAME&PHONE#): _____

Fee: \$50 for 8 classes (\$6.25 per class), payable by check to Saint Anne School or by cash in the office. No refunds for missed classes. Students must be picked up by 4:30 or child will go to after school care and family will be charged after school care fees.

PARENT RELEASE and AGREEMENT

I hereby authorize my child, _____ (child's first and last name) to participate in an after-school dance class at Saint Anne School. I understand that the activity involves a risk of injury and I hereby release the instructor and the school from any and all liability for injuries incurred in connection with the normal and ordinary participation in a music and movement class.

I agree to pick up my child by 3:00 pm and understand that if my child is not picked up by 3:00 pm on class days, my child will be placed in after school care and I will be responsible for after school care fees. I accept the terms of fees and payment.

Parent Signature

Date