

## Registration Form (2023-2024)

Student's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Date of Birth \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_ Phone # (home) \_\_\_\_\_

Mailing Name(s) \_\_\_\_\_ Street Address \_\_\_\_\_

Apt. # \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ Parent's E-mail address \_\_\_\_\_

Mother's /Guardian's Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Place of employment \_\_\_\_\_ Work/Alt. Phone # \_\_\_\_\_

Father's/Guardian's Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Place of employment \_\_\_\_\_ Work/Alt. Phone # \_\_\_\_\_

Emergency contacts: Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Years/Description of Training: \_\_\_\_\_

Class(es) student is enrolling in: \_\_\_\_\_ Day/Time: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Information (Please include information that will help us best serve the student, such as any special needs or concerns): \_\_\_\_\_

\_\_\_\_\_

How did you hear of *Virginia Dance Center*? \_\_\_\_\_

I understand that dance students take dance classes at their own risk and that neither *Virginia Dance Center* nor any instructor is liable for any injury a student may sustain during those classes. By registering with *VDC*, I grant *VDC* the right to use images/photographs taken during class or other *VDC* activities for advertising or promotional purposes. It is my responsibility to keep aware of studio information by reading notices sent home with my child and/or reading notices posted in the studio. I have read the *VDC* brochure or website and I understand, and agree to, the tuition rates, refund policy, withdrawal policy, late fees, class schedule, and other policies outlined therein.

Student's/Parent's (if student under 18) Signature: \_\_\_\_\_

Please mail registration form & payment to:  
***Virginia Dance Center, 9806 Cockrell Road, Manassas, VA 20110***