

PLEASE FILL OUR THE FORM BELOW AND MAIL IT TO 456 MAIN STREET WAKEFIELD MA 01880. PLEASE BE SURE TO ENCLOSE YOUR \$25.00 REGISTRATION FEE.

## **Dance Studio of Wakefield 2010 -11 FALL REGISTRATION**

**Student Name#1** \_\_\_\_\_ **Birthdate** \_/\_/\_

**Student Name#1** \_\_\_\_\_ **Birthdate** \_/\_/\_

**Parent Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Town** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Emerg. Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

**Pertinent medical information:**

**Class Desired:** (If your desired class is full we will inform you.)

STUDENT #1            First Choice \_\_\_\_\_  
                                  Second Choice \_\_\_\_\_

STUDENT #2            First Choice \_\_\_\_\_  
                                  Second Choice \_\_\_\_\_

I understand that the dance recital will be video taped for sale to the attendees and students of the recital. I agree to allow The Dance Studio of Wakefield to use photos of my child taken during dance events to be used for promotional material.    \_\_\_\_\_ Yes    \_\_\_\_\_ No

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**OFFICE DATE AND TIME STAMP** \_\_\_\_\_

**office copy**

**AUTHORIZED SIGNATUR** \_\_\_\_\_

**REGISTRATION NUMBER** \_\_\_\_\_

**You will receive a confirmation email to let you know which class your student was placed in.**