

**Davis Studio of Dance
Application for Admission**

Name of Student _____

Full names of Parents
or Guardians _____

Home Address _____

Telephone – Home# _____ Mother’s Bus. # _____ Father’s Bus. # _____

E-mail address (optional) _____

Pupil’s Date of Birth _____ Academic Grade in September _____

If a new student, please list ballet schools attended length of time of study, and dance method and certificates on reverse of form.

PLEASE SEE BROCHURE FOR DESCRIPTION OF DANCE STYLES.

CHECK DESIRED DANCE STYLES AND CIRCLE WHERE APPROPRIATE:

- a) BALLET _____ (Number of classes per week - 1 2 3 4)
- b) POINTE _____ (Number of classes per week – ¼ ½ 1)
- c) INTRODUCTION TO BALLET (5-6 years-45 minute class) _____
- d) JAZZ _____ COMTEMPORARY DANCE _____ TAP _____
- e) MOVEMENT, MONSTERS AND GIGGLES _____

PLEASE CHECK THE REFERENCE SHEET FOR APPROPRIATE FEE(S).

Total number of classes per week
of a) b) d) _____ Fee per term \$ _____

Introduction to ballet Fee per term \$ _____

Movement, Monsters and Giggles Fee per term \$ _____

Total fees per term \$ _____

Note: Total fee must accompany application form.

No refunds will be made except at the discretion of the school’s director and then only when good and sufficient reason is given for discontinuing the class.

I there acknowledge that neither the Davis Studio of Dance, nor it’s owner, nor it’s staff will be held responsible for any damages or injuries that may result from my or my child’s attendance or participation in classes or on school activities, however caused. (Please sign below.) Please note: There is a \$40.00 administration fee for all refunds.

DATE _____ SIGNATURE OF PARENT OR APPLICANT OVER 18 _____

FOR OFFICE USE ONLY _____
