

For Office Use Only	
Registration Fee	<input type="checkbox"/>
1st Month	<input type="checkbox"/>
Method of Payment: _____	



Ashley MacLeod's Dance Dreams Registration Form

Dancers Name: _____ DOB: _____

Parents/Guardians: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Emergency Contact Info:

Name/Relation: _____ Contact #: _____

Name/Relation: _____ Contact #: _____

Please inform Dance Dreams of any allergies or allergic reactions you child may endure in the box below:

Please list the classes your child is interested in:

I fully understand that Ashley MacLeod or Dance Dreams nor its staff can or will not be held responsible for injuries and/or loss of property while the above listed student attends any class activity at or away from the dance studio. All photographs taken remain the property of Dance Dreams and may be used for studio viewing or advertising purposes. I understand all tuition payments and policies.

Parent/Guardian Signature: _____ Date: _____