

## Dance Registration Form

*Presser Performing Arts Center* Date: \_\_\_\_\_

Student's Name:			
Student's Cell #:			
Student's Birthday:		Student's email:	
<b>Parent/Guardian's Name at student's address</b>			
Name:			
Address:			
City/State/Zip		Work Phone:	
Home Phone:			
Cell Phone:			
All email information is used solely for the purpose of communications between PPAC and the students and their guardians. Your email address will not be sold, or given to any other parties.			
Email:			
Emergency Contact Phone:			
Emergency Contact Name:			
Allergies/Medicine/Medical Conditions: Please list any Medical conditions we should be aware of.			
We will contact you and/or the emergency contact for instruction in the unlikely event of an emergency.			
Any previous dance instruction?			
Where? When?			
Academic school year completed:			
<b>Parent/Guardian Signature:</b>			
Check here: _____ I give permission to Presser PAC to use any photographs or media of student in promotional materials, commercials, and or web site.			
<b>Class</b>	<b>Days</b>	<b>Time</b>	<b>Tuition</b>
Nonrefundable \$20.00 registration fee, <b>one time only</b> , for the endurance of student's participation in the Dance Program			
<b>Sibling/Multiple Dance Discount</b>			
10% discount applied to 2nd sibling after first student's full tuition etc.			
10% discount for 2 <sup>nd</sup> additional course			
20% discount for the 3 <sup>rd</sup> additional course			
<b>Total</b>			

<b>Tuition due prior to classes beginning, unless otherwise arranged with Laura Krueger/accounting. No refunds after 2 weeks</b>	
<b>PPAC reserves the right, at any time to cancel or change classes, days and times.</b>	
Additional information:	

Please make checks payable to:

*Presser Performing Arts Center*

drop in Office mailbox located on the Dance Office door.

*or*

mail to:

Presser Performing Arts Center/Dance

P.O. Box 845

Mexico, Missouri 65265