

Student Name _____ **Age** _____ **DOB** ____/____/____ **Sex** _____

Complete Address _____ **Phone ()** _____

Parent/ Guardian _____ **Phone ()** _____

Student email _____

Emergency Name & # _____

List any health conditions & Allergies _____

Name and number of physician _____

I understand that there are no refunds or credits in the event that I do not complete the course. I agree to abide by the rules of the Factory and to pay all tuition in a timely manner. Payment due in full by first day of classes. Please make checks payable to MTM Dance Factory. I also understand that any photos taken may be used for promotional purposes and are the property of MTM Dance Factory.

_____ **student** _____ **parent or guardian**

1st month tuition \$ _____

Date of Registration _____

Registration fee \$ _____
N/A for 6wk sessions

Number of hours per week _____

Apparel \$ _____

Classes _____

How did you hear about MTM _____

Total amount included \$ _____
