

Scarborough Dance Center

Registration form 2008

Name: _____

Age: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Date of Birth: _____

E-Mail Address(es): _____

Used for monthly newsletters and updates.

Home Phone: _____ Cell: _____ Work: _____

Parent/Guardian Name(s): _____

Class(es) [Day, Time, & Subject(s)]:

1 - _____ 4 - _____

2 - _____ 5 - _____

3 - _____ 6 - _____

Tuition: _____

Registration Fee Payment: \$15.00

reg. fee not applicable for 4&6 week sessions and summer classes.

Check (payable to S.D.C.)

Visa

Discover

Cash

MasterCard

Credit Card # _____

Expiration Date: _____

Automated Tuition Payments: (optional)

Payment is made the 1st Saturday of every month

Credit Card # _____

Expiration Date: _____

Liability Disclaimer & Release:

Scarborough Dance Center and its instructors are not liable for personal injuries or loss or damage to personal property. Since this is a physical activity, injuries may occur. It is the parent/guardian's responsibility to inform teachers of any physical limitations of any child. I give permission for my child or children, _____ to be used in pictures for Scarborough Dance Center in advertising in newspapers, telephone books, etc. Tuition must be paid the first of each month, or a \$5 late fee will be issued each month forward.

Signature: _____

A parent/guardian signature is required for children under 18.

Print and/or fill out this form, and mail with payment to:

Scarborough Dance Center
26 Oakhill Terrace
Scarborough, ME 04074



With any questions call: (207)883-4569

Fax: (207)883-0079

www.scarboroughdancecenter.com