

THOMAS SCHOOL OF DANCE
14 State Street Bangor, Me 04401
www.thomasschoolofdance.com
945-3457
2012-2013 Registration

Please return this form with your non-refundable \$10.00 registration fee and a signed waiver

Student Name _____
Student Birth Date _____ School _____ Grade _____
Student email address _____ Student Cell # _____

Student Name _____
Student Birth Date _____ School _____ Grade _____
Student email address _____ Student Cell # _____

Home Tel. # _____

Mailing Address: _____

City _____ Zip Code _____

Mother: Name _____ Email Address _____
Address if different from above: _____
Cell # _____ Work # _____

Father: Name _____ Email Address _____
Address if different from above: _____
Cell # _____ Work # _____

Please list your class choices:

Student #1	Student #2
1)	1)
2)	2)
3)	3)

In order for us to provide the best possible educational experience for your child, please explain below any medical conditions or special learning needs

Signed: _____ Date _____
(parent/guardian or student if over 18)

Please check location that applies: Bangor ___ Ellsworth ___ Dexter ___