

Gardner Dance Studio

Enrollment Form

Office Use Only

Amount:

Check #:

Class Day/Time: _____

Students Name: _____

Parents Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: Home: _____ Emergency Contact Number: _____

Cell/Mom: _____ Cell/Dad: _____

Age: _____ Experience: _____

Person paying if name different: _____ Phone: _____

Information that would be helpful in teaching your child: _____

Fee for Classes:

- 8-week 1 hour classes: \$95.00
- Couples Class - \$105 Per Couple / \$90 Single
- Tuition is non-refundable

Comments: _____

I understand that Gardner Dance Studio / teachers are not liable for any accidents that might occur on the premises.

Signature: _____ Date: _____