

# Valley Dance Ensemble Class Registration Form

VALLEY  
DANCE  
ENSEMBLE



## Student Information

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student's name: \_\_\_\_\_ guardian's name: \_\_\_\_\_

address: \_\_\_\_\_

email: \_\_\_\_\_ phone: \_\_\_\_\_

emergency contact: \_\_\_\_\_ phone: \_\_\_\_\_

alternate pick-up person: \_\_\_\_\_ phone: \_\_\_\_\_

How did you find out about our classes? \_\_\_\_\_

## Class Information

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session: \_\_\_ fall \_\_\_ spring \_\_\_ summer

children: \_\_\_ 3-4yr \_\_\_ 5-6yr \_\_\_ 7-9yr \_\_\_ 10-12yr

adult: \_\_\_ young adult \_\_\_ mixed-level modern \_\_\_ african

## Tuition Information

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punchcard: \_\_\_ new punchcard \_\_\_ old punchcard \_\_\_\_\_ punchcard id number

\_\_\_ \$75 = 15 class punchcard \_\_\_ \$55 = 10 class punchcard \_\_\_ \$30 = 5 class punchcard

\_\_\_ I am interested in applying for a scholarship for tuition

## Donation Information

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\_\_\_ Yes, I would like to donate to the Valley Dance Ensemble scholarship fund (tax deductible!)

\_\_\_ Yes, I would like to become a member of Valley Dance Ensemble

(\$15 individual or \$25 family per year, entitles member to 10% discount on classes, t-shirts, performances, recognition of support on performance programs, etc.)

## Agreement

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I release AVA/VDE, its officers and employees from any liability or expense with respect to claims for injuries, damages, and expenses sustained by me or my child. I authorize the employees of AVA/VDE to notify emergency help in case of accident or injury to me or my child while participating in any program of AVA/VDE.

guardian/student signature: \_\_\_\_\_ date: \_\_\_\_\_

## Payment Information (office use only)

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classes \$ \_\_\_\_\_ scholarship fund \$ \_\_\_\_\_ VDE membership \$ \_\_\_\_\_ TOTAL \$ \_\_\_\_\_

date received \_\_\_\_\_

cash \_\_\_ check \_\_\_ credit \_\_\_ workshop discount given \_\_\_\_\_

registered: \_\_\_ AVA \_\_\_ in class