

**ARDELL STONE SCHOOL
OF DANCING, INC.**

4333 OLD CAVE SPRING ROAD
ROANOKE, VA 24018
(540) 774-8136
info@ardellstonedance.com



2014- 2015 Registration Form

*Please complete this form and mail to the above address **along with your payment for the first month's lesson(s) and the \$25 registration fee.***

Student name #1 _____ Birthdate ___/___/___ Grade _____

Student name #2 _____ Birthdate ___/___/___ Grade _____

Student name #3 _____ Birthdate ___/___/___ Grade _____

Parent #1 _____ cell# _____ work# _____

Parent #2 _____ cell# _____ work# _____

Address _____

Home Phone _____

E-mail _____

Emergency contact (other than parents) _____

Phone number (H) _____ (C) _____ (W) _____

Any pertinent medical information we should be aware of:

Classes desired:*

Tuition:

Registration Fee:

	Classes desired:*	Tuition:	Registration Fee:
Student #1			\$25
Student #2			N/a
Student #3			N/a

** if your desired class is full we will inform you.*

I understand that photos and/or videos of my child(ren) may be taken at dance recitals and/or other events, which may be sold or used for promotional purposes. I also acknowledge that all registrations fees, tuition and payment for costumes are non-refundable.

Signed _____ Date _____