

## FALL 2011 – Registration Form

STUDENT \_\_\_\_\_ DOB mo/yr \_\_\_\_\_ STUDENT \_\_\_\_\_ DOB \_\_\_\_\_

STUDENT \_\_\_\_\_ DOB mo/yr \_\_\_\_\_ STUDENT \_\_\_\_\_ DOB \_\_\_\_\_

Parent(s) \_\_\_\_\_  
*Name(s)* *Address, City, Zip*

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ email \_\_\_\_\_

CLASS Day \_\_\_\_\_ Time \_\_\_\_\_ Type \_\_\_\_\_ CLASS: Day \_\_\_\_\_ Time \_\_\_\_\_ Type \_\_\_\_\_

CLASS Day \_\_\_\_\_ Time \_\_\_\_\_ Type \_\_\_\_\_ CLASS: Day \_\_\_\_\_ Time \_\_\_\_\_ Type \_\_\_\_\_

PRIVATES (dance, music): Day \_\_\_\_\_ Time \_\_\_\_\_ Type \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Type \_\_\_\_\_

TUITION \_\_\_\_\_

FOR OFFICE USE ONLY:

LESS 10% \_\_\_\_\_ (3 or more classes)

Check No \_\_\_\_\_ Date \_\_\_\_\_

REGISTRATION \$ 30.00

Recorded \_\_\_\_\_ Bk \_\_\_\_\_ Card \_\_\_\_\_ Comp \_\_\_\_\_

TOTAL \_\_\_\_\_

Notes \_\_\_\_\_

I \_\_\_\_\_, *Parent or Guardian*, waive any claims that I may have against the Lehman School of Dance, Inc., that may arise during the period covered by the above registration agreement. As the parent of \_\_\_\_\_,

*Student(s)*

who is/are a minor, I hereby consent to said waiver. Also, I have read and agree to the policies of Lehman Studios.

LEHMAN STUDIOS, 301 Happ Rd., Northfield 60093

[www.lehmanschool.com](http://www.lehmanschool.com)

[lehmanschool@sbcglobal.net](mailto:lehmanschool@sbcglobal.net)

## FALL 2011 – Registration Form

STUDENT \_\_\_\_\_ DOB mo/yr \_\_\_\_\_ STUDENT \_\_\_\_\_ DOB \_\_\_\_\_

STUDENT \_\_\_\_\_ DOB mo/yr \_\_\_\_\_ STUDENT \_\_\_\_\_ DOB \_\_\_\_\_

Parent(s) \_\_\_\_\_  
*Name(s)* *Address, City, Zip*

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ email \_\_\_\_\_

CLASS Day \_\_\_\_\_ Time \_\_\_\_\_ Type \_\_\_\_\_ CLASS: Day \_\_\_\_\_ Time \_\_\_\_\_ Type \_\_\_\_\_

CLASS Day \_\_\_\_\_ Time \_\_\_\_\_ Type \_\_\_\_\_ CLASS: Day \_\_\_\_\_ Time \_\_\_\_\_ Type \_\_\_\_\_

PRIVATES (dance, music): Day \_\_\_\_\_ Time \_\_\_\_\_ Type \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Type \_\_\_\_\_

TUITION \_\_\_\_\_

FOR OFFICE USE ONLY:

LESS 10% \_\_\_\_\_ (3 or more classes)

Check No \_\_\_\_\_ Date \_\_\_\_\_

REGISTRATION \$ 30.00

Recorded \_\_\_\_\_ Bk \_\_\_\_\_ Card \_\_\_\_\_ Comp \_\_\_\_\_

TOTAL \_\_\_\_\_

Notes \_\_\_\_\_

I \_\_\_\_\_, *Parent or Guardian*, waive any claims that I may have against the Lehman School of Dance, Inc., that may arise during the period covered by the above registration agreement. As the parent of \_\_\_\_\_,

*Student(s)*

who is/are a minor, I hereby consent to said waiver. Also, I have read and agree to the policies of Lehman Studios.

LEHMAN STUDIOS, 301 Happ Rd., Northfield 60093

[www.lehmanschool.com](http://www.lehmanschool.com)

[lehmanschool@sbcglobal.net](mailto:lehmanschool@sbcglobal.net)