

STUDENT _____ DOB mo/yr _____ STUDENT _____ DOB _____

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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 \$ 25.00

Recorded _____ Bk _____ Card _____ Comp _____

TOTAL _____

Notes _____

I _____, waive any claims that I may have against the Lehman School of Dance, Inc., that

Parent or Guardian

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
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www.lehmanschool.com