

DANCE WITH STACEY 2024-2025

AFTERSCHOOL REGISTRATION

NAME _____ AGE ___ BIRTHDATE _____

SCHOOL _____ GRADE _____ TEACHER _____

1ST PARENT NAME _____ CELL# _____

EMAIL: _____

2ND PARENT NAME _____ CELL# _____

EMAIL: _____

EMERGENCY CONTACT: _____ CELL# _____

PERSON'S AUTHORIZED TO PICK-UP: _____

ANYONE NOT ALLOWED TO PICK-UP: _____

PAPERWORK ON FILE: YES NO N/A DATE REC'D: _____

ANY FOOD ALLERGIES OR MEDICAL CONCERNS: _____

*PLEASE READ AND FAMILIARIZE YOURSELF WITH OUR ENTIRE POLICY.
YOU MUST SIGN AND INTIAL ALL PARTS BELOW:*

I HAVE READ THE POLICY INFORMATION AND UNDERSTAND IT AND
WILL PAY THE CORRESPONDING FEES IF I DO NOT ABIDE.

(PLEASE INTIAL AND THEN SIGN) Agree to May Performance: _____

WEEKLY FEE: _____ NO SCHOOL/ED DAYS _____ SNOW POLICY _____

WITHDRAWAL: _____ ABSENCES: _____ LATE PAYMENTS: _____ PICK-UPS _____

DATE: _____ SIGNATURE _____

Registration fee paid \$ _____ Pymt _____