

# Melinda's School of Dance

[starballroom@msn.com](mailto:starballroom@msn.com)

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(515) 332-5117  
melindaschoolofdance.com

STUDENT #1 \_\_\_\_\_ D/O/B \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

STUDENT#2 \_\_\_\_\_ D/O/B \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

STUDENT#3 \_\_\_\_\_ D/O/B \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone number \_\_\_\_\_ Student's cell number \_\_\_\_\_

Mother's name \_\_\_\_\_ Work number \_\_\_\_\_

Mother's Cell Phone number \_\_\_\_\_ Father's Cell Phone number \_\_\_\_\_

Father's Name \_\_\_\_\_ Work number \_\_\_\_\_

Family Email \_\_\_\_\_ Student's Email \_\_\_\_\_

List any health problems or disabilities I should be aware of: \_\_\_\_\_

In case of an emergency, list a name and phone number of someone other than the parents:

Name \_\_\_\_\_

Phone number \_\_\_\_\_ Cell number \_\_\_\_\_

The authorized legal representative jointly and severally hereby forever releases, discharges and acquits Melinda's School of Dance and all their employees, owners, and directors from any and all claims for damages or injuries of any kind, nature or description. This waiver is to be effective on completion of registration. Signature of \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Pre-School 45 minute \$30.00	Combination Class 1 Hour \$35.00	Combination Class 1 ½ Hour \$45.00	Ballet Class 45 minutes \$20.00	Mom's Tap Class 45 minute \$30.00
Tumbling Class 1 @ 1 Hour \$35.00	Tumbling Class 2 @ 1 Hour \$45.00	Team & Jr. Team \$50.00	Private Lessons 5 @ 30 minute sessions \$90.00 per session	Registration Fee \$5.00 per Student
Classes			Supplies	
Monday _____			Tap Shoes _____	
Tuesday _____			Ballet Shoes _____	
Wednesday _____			Jazz Shoes _____	
Thursday _____			Extreme Tap Shoes _____	
Friday _____			Leotards _____	
Saturday _____			Tights _____	
			Bags _____	

Check Amount \_\_\_\_\_

Check Number \_\_\_\_\_