

SOUTH CAROLINA DANCE COMPANY

2013-2014 FALL REGISTRATION FORM \$35 Per Family



FOR OFFICE USE ONLY/PAYMENT:

Mail To: SCDC 1332- E North Lake Dr. Lexington, SC 29072
Attention: Registration Phone: (803) 996-1150 or (803) 960-4091

Student's Name:

Age: _____ (at present)

Date of Birth: _____ Parents/Guardian:

Address:

City:

State: _____ Zip: _____

Home Number: _____ Work

number: _____

Cell Numbers:

Email Addresses:

In Case of Emergency, Please Notify: (Someone other than Parents)

Name:

Telephone: _____

Are there any medical problems we should know about?

If yes, list medications:

Trophy information: DANCE years completed: _____ {we honor every studio years of experience}

School Attending:

_____ Grade of

School: _____

Name/Phone # Person providing Transportation for your child:

Are you a new student? _____ If yes, how did you hear about us?

{Office Use Only}

No.	Class Name	Day	Time	Teacher	Tuition
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

COMMENTS:

SOUTH CAROLINA DANCE COMPANY

Disclaimer

Submitting this form means that you accept the following: "I hereby enroll myself or my child for the ten month session (August 2013 to May 2014) and agree to follow all payment policies, dress codes, and other rules and regulations as stated in the brochure or website. I understand that all tuition, costume, and recital fee payments are nonrefundable and agree to pay the late fees and the service charge for bad checks. I recognize that attendance and participation may expose me or my child to risk of injury or harm. South Carolina Dance Company teachers and/or staff will not be held responsible should such injury or harm occur. I hereby authorize South Carolina Dance Company to use photographs of the student on the SCDC website and in any publicity materials and/or advertisements. I have read the SCDC policy plan and agree to all policies."

Parent's Signature: _____ Date: _____

Student's Signature: _____ Date: _____