

# Perna Dance Center

## REGISTRATION APPLICATION (Please Print Clearly)

**Registration Date:** \_\_\_\_\_

**Current Student**       **Summer Student**  
 **Former Student**       **New Student**

**Student's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Town:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Parent's Name** (if different than students'): \_\_\_\_\_

**Parents' Profession or Occupation (optional):** \_\_\_\_\_

**Person Responsible for Payment (if not parent):** \_\_\_\_\_

**Would you be interested in being a Class Mother?** Yes  No

**Birthdate:** \_\_\_\_\_ **Age as of 10/31/18:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Dismissal:** \_\_\_\_\_

**Religious Ed (Day/Time):** \_\_\_\_\_

**Parent Email:** \_\_\_\_\_

**Student Email:** \_\_\_\_\_

*Please check **one box** to indicate which phone is best to call first. Whichever phone you pick will be listed as your main phone number.*

**Home Phone:** (\_\_\_\_) \_\_\_\_\_  
 **Mother Cell:** (\_\_\_\_) \_\_\_\_\_  
 **Father Cell:** (\_\_\_\_) \_\_\_\_\_  
 **Student Cell:** (\_\_\_\_) \_\_\_\_\_

**Best Class Day:** \_\_\_\_\_ **Best Class Time:** \_\_\_\_\_ **Sat. Dance Class:**  Yes  No

**Days & Times Not Available:** \_\_\_\_\_

**Carpool or Additional Requests:** \_\_\_\_\_

**Medical Issues / Restrictions / Other Notations (asthma, eyeglasses, etc.):** \_\_\_\_\_

### PLEASE INDICATE YOUR CHOICE OF CLASSES

**Pre-School and Combo Classes for Ages 3-7**

Dance & Play (ages 24 mos & up)  
 Dancing Tots (age 3-4 for 1 hr)  
 Kinderdance - Ballet & Tap Combo (age 4-5 for 1 hr)  
 Combo I - Ballet & Tap Combo (age 5-6 for 1 hr)  
 Combo IIA - Ballet & Tap Combo (age 6-7 for 1.5hrs)  
 Combo IIB - Ballet & Jazz Combo (age 6-7 for 1.5hrs)  
 Acro-Gym for Kids (age 5-7 for 1 hr)  
 Funk Jazz for Kids (age 5-7 for 1 hr)  
 Kids Hip Hop (age 5-7 for 1 hr)

**Dance Class Offerings for ages 7 & up**

Ballet (age 7 & up for 1 hr)  
 Tap (age 7 & up for 1 hr)  
 Jazz (age 7 & up for 1 hr)  
 Hip Hop (age 7 & up for 1 hr)  
 Acro-Gym (age 7 & up for 1 hr)  
 Pre-Teen Combo Ballet/Jazz (age 8-11 for 1.5 hrs)  
 Teen Combo Ballet/Jazz (age 12 & up for 1.5 hrs)  
 Pointe (Ballet Required) (teacher recommendation)  
 Modern/Contemp (Ballet Req) (age 10 & up for 1 hr)

**New Students Only:** How did you hear about us? \_\_\_\_\_

**Years of training:** \_\_\_\_\_ **Ballet** \_\_\_\_\_ **Tap** \_\_\_\_\_ **Jazz** \_\_\_\_\_ **Acro** \_\_\_\_\_ **Hip Hop** \_\_\_\_\_ **Other** \_\_\_\_\_  
**Name of Previous Studio** \_\_\_\_\_ **City & State** \_\_\_\_\_

I understand that each family participating in the annual production will be issued a Family Recital Packet at a cost of \$75 per family. Included in this packet will be a recital shirt, show practice music on a PDC Flash Drive and a copy of the show DVD.

I agree to the terms of enrollment to the Perna Dance Center which include a non-refundable Registration Fee and monthly tuition payments due by the 1<sup>st</sup> of each month. If you choose to discontinue classes, your last tuition payment is refundable until 10/31/18 upon written notification of withdrawal from studio. Performers/students automatically grant the Perna Dance Center permission to use photos or videotape for advertising and publicity purposes inclusive of television, videotape, film broadcast, social media, newspaper or print ads or website. No monetary compensation will be made and, due to editing, the material used is at the discretion of the Perna Dance Center. By signing this form, you agree to hold harmless the Perna Dance Center, its teachers, staff and special guest of any injuries you or your child may sustain while attending the dance classes, camps, rehearsals and performances. I give my permission to the Perna Dance Center to seek emergency medical attention for my child if necessary.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date