

**Thomas School of Dance**  
14 State Street Bangor, Maine 04401  
945-3457 thomasschoolofdance@gmail.com

**2016-2017 Registration Form**

*Please return this with your non-refundable \$10.00 registration fee and signed waiver.*

**Primary Contact/Billing Information:**

Parent/Guardian Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Email Address \_\_\_\_\_ Primary Phone \_\_\_\_\_  
Additional Phone(s) Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_  
Please circle your payment plan: Bi-Annual Tuition OR Monthly Tuition Payments

**Additional Parent/Guardian Information:**

Parent/Guardian Name \_\_\_\_\_ Email Address \_\_\_\_\_  
Address if different from above: \_\_\_\_\_  
Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Student Name \_\_\_\_\_ Gender \_\_\_\_\_  
Student Cell # \_\_\_\_\_ Student Email Address \_\_\_\_\_  
Student Birth Date \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Additional Student Name \_\_\_\_\_ Gender \_\_\_\_\_  
Student Cell # \_\_\_\_\_ Student Email Address \_\_\_\_\_  
Student Birth Date \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

**Please list your class choices:**

Student #1 \_\_\_\_\_ Student #2 \_\_\_\_\_

**In order for us to provide the best possible educational experience for your child, please explain below any medical conditions or special learning needs**

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
(parent/guardian or student if over 18)

Please check location that applies: Bangor \_\_\_\_\_ Ellsworth \_\_\_\_\_ Unity \_\_\_\_\_