

**Thomas School of Dance**  
14 State Street Bangor, Maine 04401  
945-3457 thomasschoolofdance@gmail.com  
**2017-2018 Registration Form**

*Please return this with your non-refundable \$15.00 registration fee per student 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 # \_\_\_\_\_  
Choose payment plan: Monthly \_\_\_\_\_ Bi-Annually \_\_\_\_\_ Session (Workshops only) \_\_\_\_\_

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 including day & time (or workshop session start date):

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

- |    |    |
|----|----|
| 1) | 1) |
| 2) | 2) |
| 3) | 3) |

**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 \_\_\_\_\_ Dexter \_\_\_\_\_ Unity \_\_\_\_\_  
Office Use Only: Waiver Filed \_\_\_\_\_