

**Thomas School of Dance**  
 14 State Street Bangor, Maine 04401  
 207-945-3457 thomasschoolofdance@gmail.com  
**2018-2019 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(s)** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Email Address(es)** \_\_\_\_\_ **Primary Phone** \_\_\_\_\_

Additional Phone(s) Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

**Choose payment plan:** Bi-Annually \_\_\_\_\_ Monthly \_\_\_\_\_ Session (Workshops only) \_\_\_\_\_

\*Please note payment plan responsibilities which can be found on the "Policies" page of our website or obtained at our front desk.

*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 the class(es) in which you are enrolling including day & time (or workshop session start date). Example: Student #1: Mary 1) Preschool, Wed. 4-4:45

Student #1	Student #2 (or additional classes)	Student #3
1)	1)	1)
2)	2)	2)
3)	3)	3)
4)	4)	4)

Does the above named dancer plan to perform in the spring recital?

Please circle: Yes No Unsure

Would you like us to share your email address with Bangor Ballet to receive notifications about upcoming performances, auditions, etc? Yes \_\_\_\_\_ No \_\_\_\_\_

**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 \_\_\_\_\_