

Thomas School of Dance
PO Box 2027 Bangor, Maine 04401
207-945-3457 thomasschoolofdance@gmail.com
2019-2020 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 _____