



# Judith McCarty School of Dancing

## 2014 – 2015 Enrollment Form

Student's Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Parent(s)/Guardian: Mother \_\_\_\_\_

Mother's place of Employment \_\_\_\_\_

Father \_\_\_\_\_

Father's place of Employment \_\_\_\_\_

Student's Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Entering Grade \_\_\_\_\_ School \_\_\_\_\_

Contact Info:

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Mom Cell \_\_\_\_\_ ★ We will send out information via text message to this phone number

Dad Cell \_\_\_\_\_ Student Cell \_\_\_\_\_

Emergency contact other than Parent/Guardian:

Name \_\_\_\_\_ Phone \_\_\_\_\_

This is my \_\_\_\_\_ year of study in the Judith McCarty School of Dancing. Other Schools? \_\_\_\_\_

**PLEASE LIST CLASSES FOR WHICH YOU ARE ENROLLING - \$35.00 Enrollment Fee**

3 Yr Old (Tues 4:30-5:15) \_\_\_\_\_ (Wed 4:15-5:00) \_\_\_\_\_ (Thurs 4:15-5:00) \_\_\_\_\_

Pre-School (Mon 4:15-5:00) \_\_\_\_\_ (Tues 5:15-6:00) \_\_\_\_\_ (Wed 5:45-6:30) \_\_\_\_\_ (Thurs 5:00-5:45) \_\_\_\_\_

2<sup>nd</sup>, 3<sup>rd</sup> & 4<sup>th</sup> Yr Ballet/Tap Combo \_\_\_\_\_  
*Day* *Time*

5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup> & Adv IV Ballet/Tap/Jazz Combo \_\_\_\_\_  
*Day* *Time*

Adv. III through Adv Ballet(1) \_\_\_\_\_ Ballet(2) \_\_\_\_\_  
*Day* *Time* *Day* *Time*

Tap \_\_\_\_\_ Jazz \_\_\_\_\_  
*Day* *Time* *Day* *Time*

Acro/Gym \_\_\_\_\_ Drill Team \_\_\_\_\_  
*Day* *Time* *Day* *Time*

Pre-Jazz \_\_\_\_\_ Junior Lyrical \_\_\_\_\_  
*Day* *Time* *Day* *Time*

Senior Lyrical \_\_\_\_\_ How did you find out about JMDS? \_\_\_\_\_  
*Day* *Time*

To : PERSON RESPONSIBLE FOR PAYMENT OF THIS ACCOUNT - I understand that I am reserving a place in class for my child each month through May 2015. In the event it becomes necessary to discontinue classes, I will contact the Judith McCarty School of Dancing. I understand that tuition is payable in advance on the 1st of each month. I release the Judith McCarty School of Dancing and any JMDS employees of all liability in the event of any accident or injury.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_