

2020-2021 DMD STUDENT REGISTRATION

Date _____

Please mail the following form and \$40 registration fee (\$25 per additional sibling) to:

Debbie Morgan
3917 Ellen Drive
Marrero, LA 70072

Name _____ Age ____ Birth date _____

Address _____ Zip Code _____

Phone – Home _____ Work _____ Cell _____

School _____ Grade ____ Dismissal Time _____

Previous Dancing – No ____, Yes ____, # of previous year’s ____, @ _____

of other children in the family ____, Referred by _____

Is there a particular day or time you cannot attend class, please state & give reason.....

_____ E-Mail _____

Extra class or classes – Yes ____, List _____

Dancer (Medical condition/medication) _____

Emergency contact (Name & Phone #) _____

RELEASE FORM ...please initial each line & sign...Thank you

_____ I will not hold anyone at Debbie Morgan Dance Studio responsible for accidents which may occur while my child is in or around the studio.

_____ I give permission for my child to be photographed/videoed while in the studio, at the dance recital, or any DMD function, for use in DMD Advertising, Social Media & the Dance Revue Book.

_____ I hereby assume all financial responsibility for the above named student enrolled at the Dance Studio. I further understand that I will be charged for all classes until I have notified the studio that my child has discontinued classes.

Signature _____ Date _____

Parent or Guardian Name, Occupation, Business Address & Work Phone Number.....

Mother/Father (First & Last)

DMD Dance Years (office use only)

1 _____	5 _____	9 _____	13 _____	17 _____
2 _____	6 _____	10 _____	14 _____	18 _____
3 _____	7 _____	11 _____	15 _____	19 _____
4 _____	8 _____	12 _____	16 _____	20 _____