

**ARDELL STONE  
SCHOOL OF DANCING, INC.**  
4333 OLD CAVE SPRING ROAD  
ROANOKE, VA 24018  
(540) 774-8136  
info@ardellstonedance.com



## 2011 – 2012 REGISTRATION FORM

Please complete this form and mail to the above address **along with your payment for the first month's lesson(s) and the \$25 registration fee.**

Student name #1 \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ Grade \_\_\_\_\_

Student name #2 \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ Grade \_\_\_\_\_

Student name #3 \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ Grade \_\_\_\_\_

Parent #1 \_\_\_\_\_ cell# \_\_\_\_\_ work# \_\_\_\_\_

Parent #2 \_\_\_\_\_ cell# \_\_\_\_\_ work# \_\_\_\_\_

Address \_\_\_\_\_

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

E-mail \_\_\_\_\_

Emergency contact (other than parents) \_\_\_\_\_

Phone number (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Any pertinent medical information we should be aware of:

	Classes desired:*	Tuition:	Registration Fee:
Student #1			\$25
Student #2			N/a
Student #3			N/a

*\* if your desired class is full we will inform you.*

***I understand that photos and/or video of my child(ren) may be taken at dance recitals and/or other events, which may be sold or used for promotional purposes.***

Signed \_\_\_\_\_