

AHCLDA
c/o Lynn Lucash
906 Sarah Ave
South Abington Twp, PA
570-587-3101

Registration Form

Registration Date:
Account No.

Billing Name

Address

City **State** **Zip/Postal**

Hm Phone **Private**

E-Mail

Parent 1 **Hm. Phone**
Cell **Wk. Phone**

Parent 2 **Hm. Phone**
Cell **Wk. Phone**

Emergency Contacts **Phone**
 Phone
 Phone
 Phone

Student Name

Address

City **State** **Zip/Postal**

E-Mail

Birthdate **Sex** **School** **Grade**

Medical Info:

Dr. Name **Phone**

Classes

| Name | Level | Room | Day | Time | Tuition |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Registration Fee:

Total Tuition:

AHCLDA
c/o Lynn Lucash
906 Sarah Ave
South Abington Twp, PA
570-587-3101

Registration Form

Registration Date:

Account No.

Please indicate the classes you are interested in taking and the number of years experience below. Return all pages of this form by April 16, 2016 with the \$15.00 registration fee (per child), for your dancer(s) to be placed in a class for Fall 2016. Failure to return the signed registration form and payment in a timely manner may result in being placed on a waiting list. By signing this registration form, you agree to adhere to all the policies of the Abington Heights Civic League Dance Academy.

(Note: Your current classes are shown above for teacher's use only.)

BALLET _____ Years Experience _____ (4 years and older)

TAP _____ Years Experience _____ (Kindergarten and older)

JAZZ _____ Years Experience _____ (3rd grade & older)

POINTE _____ Years Experience _____

LYRICAL _____ Years Experience _____ (8th grade & older)

Parent Signature: _____

Date: _____