

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"/>
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Registration Fee:

Total Tuition:

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Please indicate the classes you are interested in taking and the number of years experience below. Return all pages of this form by April _____ with the \$15.00 registration fee (per child), for your dancer(s) to be placed in a class for ~~the fall~~. 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: _____