



2019 Registration Form

Student Name:		
Age:	DOB:	Grade (Fall 2019):
Address:		
City:	State:	Zip:
Parent 1:		Phone:
Parent 2:		Phone:
Emergency Contact:		Phone:
Family Email:		
Allergies:		

<p><u>Half Day Program</u> Cost: \$240/Week</p> <p><input type="checkbox"/> Week 4: June 24-28 <i>Disney Prince & Princesses I</i></p> <p><input type="checkbox"/> Week 5: July 8-12 <i>Aladdin</i></p> <p><input type="checkbox"/> Week 6: July 15-19 <i>Trolls</i></p> <p><input type="checkbox"/> Week 7: July 22-26 <i>Fantasyland</i></p> <p><input type="checkbox"/> Week 8: July 29-Aug 2 <i>Mary Poppins</i></p> <p><input type="checkbox"/> Week 9: Aug. 5-9 <i>Disney Prince & Princesses II</i></p> <p><input type="checkbox"/> Week 10: Aug. 12-16 <i>Minnie's Bow-tique</i></p>
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<p><u>Full Day Program</u> Cost: \$480/Week</p> <p><input type="checkbox"/> Week 4: June 24-28 <i>Be A Star!</i></p> <p><input type="checkbox"/> Week 5: July 8-12 <i>Jojo Siwa</i></p> <p><input type="checkbox"/> Week 6: July 15-19 <i>Fortnite Dance Battle</i></p> <p><input type="checkbox"/> Week 7: July 22-26 <i>Hip Hop & Commercial Dance</i></p> <p><input type="checkbox"/> Week 8: July 29-Aug 2 <i>Be A Star!</i></p>
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<p><u>Intensive Programs</u> Half Day Cost: \$220/Week or \$70/Day</p> <p><input type="checkbox"/> Week 1: June 3-6 <i>Audition Prep I (Ballet/Jazz)</i></p> <p><input type="checkbox"/> Week 2: June 10-13 <i>Audition Prep II (Ballet/Acro)</i></p> <p>Full Day Cost: \$350/Week</p> <p><input type="checkbox"/> Week 9: Aug. 5-9 <i>Competition Prep I</i></p> <p><input type="checkbox"/> Week 10: Aug. 12-16 <i>Competition Prep II</i></p>
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<p><u>Master Classes</u> Cost: \$120/All 4 Classes or \$35/Per Class</p> <p><input type="checkbox"/> Week 5: July 8-12 <i>Contemporary</i></p> <p><input type="checkbox"/> Week 6: July 15-19 <i>Hip Hop</i></p> <p><input type="checkbox"/> Week 7: July 22-26 <i>Jazz</i></p> <p><input type="checkbox"/> Week 8: July 29-Aug 2 <i>Contemporary</i></p>
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Total Amount Enclosed: \$ _____

I, the undersigned Parent of Guardian of the above student release BROADWAY BOUND DANCE CENTER, including instructors and assistants from all injuries which may occur from training, practicing, performing and/or during any event or activity. I also agree that I am responsible for the health and accident insurance and any medical costs for the above student incurred due to injury including, but not limited to, emergency medical transportation and treatment if the need arises. I understand that BBDC has a NO REFUND POLICY. If a student drops, the account will be credited the balance and will be saved for up to one year. I also give my permission for the public display of any studio pictures my child may be in.

Parent Name

Parent Signature

Date