

Broadway Bound Dance Center

Acro Tots Registration Form

Mail to: Broadway Bound Dance Center, 17 Willow Street, Natick, MA 01760

Student's Name:		
Date of Birth:	Age:	Grade (Fall 2020):
Address:		
City:	State:	Zip:
Parent #1:	Phone (H):	(C/W):
Parent #2:	Phone (H):	(C/W):
Emergency Contact:	Relation:	
Emergency Phone Number:	Any medical conditions we should be aware of:	

****Updated Email (best communication):** _____

Please select a session:

Fall Mini Session 3 Weeks <i>September 7-26</i>	Session 1 8 Weeks <i>Sept. 28 – Nov. 21</i>	Session 2 8 Weeks <i>Nov. 30 – Feb. 6</i> <small>(No classes Dec. 21 – Jan. 3)</small>	Session 3 8 Weeks <i>Feb. 22 - April 17</i>	Spring Mini Session 3 Weeks <i>April 26 - May 15</i>
<input type="checkbox"/> Wednesdays @ 2:45 pm - FREE!	<input type="checkbox"/> Wednesdays @ 2:45 pm - \$85	<input type="checkbox"/> Wednesdays @ 2:45 pm - \$85	<input type="checkbox"/> Wednesdays @ 2:45 pm - \$85	<input type="checkbox"/> Wednesdays @ 2:45 pm - \$35
<input type="checkbox"/> Thursdays @ 9:30 am – FREE!	<input type="checkbox"/> Thursdays @ 9:30 am - \$85	<input type="checkbox"/> Thursdays @ 9:30 am - \$85	<input type="checkbox"/> Thursdays @ 9:30 am - \$85	<input type="checkbox"/> Thursdays @ 9:30 am - \$35

Total Cost: \$ _____

** Payment in full due with registration form – Checks payable to BBDC **
 Email us at bbdcnatick@yahoo.com with questions

I, the undersigned Parent or Guardian of the above student, release **BROADWAY BOUND DANCE CENTER**, including instructors and assistants, from any and 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 remaining balance and will be saved for up to one year. I also give my permission for the public display of any studio pictures that my child may be in.

Print Name: _____ Signature: _____ Date: _____