Perry 4 School	Woodard		Offi	ce Use Only	: Date Received \$20 Processing Fee Per Fa Registration Fee Receive (\$10 Deposit per class re	amily Received
1403 Columbus Avenue Bay City, MI 48708	Phone 989-892-53	Lillai	il @perrywooda	rd.com	Total Amount Received	· · · · ·
Student's Name					Male	Female
Mother's Name			Father's	Name		
Billing Name		Addres	s		City	Zip
Home Phone		E-mail 1 & 2				
Mother's Employment		Cell			Work	Ext.
Father's Employment		Cell			Work	Ext.
Emergency Contact (other than parent)		Cell			Home	
Student's Birth Date	Age	School			Grade in fall	Dismissal time
Allergies & Medical Information						
eturning Student No Pro	evious Training	Training else	where N	ame of Sch	ool	
		*Years of	Experience*			
Ballet	Lyrical	Jazz	Acro	Тар	Нір Нор	
		k desired clas <u>e minimum age req</u>	• •		Returning To	eam Member
Creative Movements (2-3 yrs) Acro (4+) Jaz			Jazz (6+)		Lyrical (5th grade+, & e	enrolled in ballet)
Ballet (3+) hereby assume all financial respor benses, until I notify the Studio tha Tuition will be billed.	nsibility for the above			rd School of I		
e Perry Woodard School of Dance licies and if injury occurs, it is unde t limited to Covid-19.						
non-refundable processing fee of \$	20.00 per family and	\$10.00 registration	n fee per class is r	equired when	returning this form. Registra	tions received by the JUNE 3(

А deadline will receive a tuition reduction for the first month's tuition in the amount of the registration fee paid.

Any registrations received AFTER 6/30 will not be eligible for the first month's tuition reduction.

"I, hereby, grant Perry Woodard School of Dance permission to photograph my child and use my child's photography/video, with the utmost discretion, for promotional purposes, and /or social media and PWSD's website.

## DATE:

## SIGNATURE:

(Parent or Adult Signature)

Please mail completed form to: PWSD, 1403 Columbus Avenue, Bay City, MI 48708