



REGISTRATION FORM

Family Last Name: _____

Student _____ Age _____ Date of Birth _____

Student _____ Age _____ Date of Birth _____

Address: _____

Home Phone _____ Cell/Work _____

Parent Names: _____

E-mail address: _____

Medical Information:

Medical Concerns: _____

Known Allergies: _____

Medications: _____

Emergency Contact (other than parent): _____ Phone: _____

I am a (please circle): New Student Returning Student

List year(s)/type of dance experience: _____

How did you hear about us? _____

I give my permission to San Benito Dance Academy use pictures (no names) of my child in magazine and brochure advertisements and on the web site.

Yes No (please circle)

Release:

I understand that Kim Lavagnino or San Benito Dance Academy, or any other instructors carries medical insurance. Therefore, the undersigned agrees that the child(ren) are covered under my own family medical insurance policy and does not hold San Benito Dance Academy liable if an injury occurs. The undersigned understands that the student's own policy is my only source of reimbursement.

Signature: _____ Date: _____

(Parent/Guardian)

San Benito Dance Academy
190 Maple Street, Hollister, CA 95023
(831)801-8200
www.sanbenitodanceacademy.com

Tuition

Number of hours per week per family

HOURS	PER MONTH	
1.0 _____	\$45	
1.5 _____	\$60	Monthly Tuition _____
2.0 _____	\$80	
2.5 _____	\$95	
3.0 _____	\$110	Annual Registration <u> \$30 </u>
3.5 _____	\$125	(per family)
4.0 _____	\$140	
4.5 _____	\$155	
5.0 _____	\$170	TOTAL _____
5.5 _____	\$185	
6.0 _____	\$200	

I Prefer (please circle): Invoice Mailed Payment at Studio

CLASS TIMES

Student _____ Day(s)/Time _____

Student _____ Day(s)/Time _____

