

Registration Form

STUDENT NAME:		DATE OF BIRTH:	
NAME OF PARENT/GUAR	DIAN:		
ADDRESS:		POSTAL CODE:	
HOME PHONE NUMBER:		WORK/CELL NUMBE	D.
HOME PHONE NOMBER.		WORKGELE NOMBER.	
E-MAIL ADDRESS:		EMERGENCY CONTACT:	
ALLERGIES/MEDICAL CO	NDITIONS:		
COURSE	DAY	TIME	
COUNCE		11112	
OOKOL		Time	
OGROE		Time	
OGNOL			
			ST DAY OF FACH TERM
I AGREE TO PAY THE ABOUNLESS PRIOR NOTICE T	OVE STUDENT'S FEES ON	OR BEFORE THE FIR:	ST DAY OF EACH TERM
I AGREE TO PAY THE ABOUNLESS PRIOR NOTICE T	OVE STUDENT'S FEES ON O CANCEL THE CLASS H DI KNAPP, GRACE ACADE	OR BEFORE THE FIR: AS BEEN GIVEN. EMY OF DANCE AND P	ERFORMING ARTS,
I AGREE TO PAY THE ABO UNLESS PRIOR NOTICE T	OVE STUDENT'S FEES ON O CANCEL THE CLASS H DI KNAPP, GRACE ACADE ACADEMY CANNOT BE HE	OR BEFORE THE FIR: AS BEEN GIVEN. EMY OF DANCE AND P ELD RESPONSIBLE FO	ERFORMING ARTS, R ANY INJURY AS A
I AGREE TO PAY THE ABOUNLESS PRIOR NOTICE TO I UNDERSTAND THAT HEI AND TEACHERS OF THE A RESULT OF ACCIDENT	OVE STUDENT'S FEES ON O CANCEL THE CLASS H DI KNAPP, GRACE ACADE ACADEMY CANNOT BE HE THAT MAY OCCUR IN CLA	OR BEFORE THE FIR: AS BEEN GIVEN. EMY OF DANCE AND P ELD RESPONSIBLE FO ASS OR PERFORMANC	ERFORMING ARTS, R ANY INJURY AS A
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