

CLASS REGISTRATION

Please print legibly and complete Health History on back side also (required).

Today's Date _____ Date Student Begins _____ Student Ballet Level (if known) _____

Student Info: (please check one) New Student Returning Student

Name _____ DOB _____ Current School _____

Parent/Guardian Info:

Parent/Guardian 1 or Self _____

Parent/Guardian 2 _____

Address _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ (please indicate whose phone numbers they are)

E-mail Address _____

Please check one:

I would like my invoices e-mailed to me.

There will be school updates posted to e-mail regularly.

I would like my invoices via post.

Please inform the staff if you need to be updated by regular mail.

DESIRED CLASS(ES): Please list each class separately.

Class Name

Day

Time

Class Name	Day	Time

Policy Agreement: I understand and agree to comply with all policies and procedures of the Philadelphia Dance Theatre. It is understood that the applicant is enrolled for the entire semester; no deductions, credits or refunds will be made for absence or withdrawal, voluntary or involuntary, unless for medical reasons or for dismissal by the Director for any reason whatsoever if deemed to be necessary in the best interest of the school.

Signature: _____

I have enclosed a \$75 registration deposit to hold a place in class. This deposit is deducted from the first session's tuition. I understand that the entire balance of tuition is due on the FIRST day of class for each session.

I am including a donation of _____ towards the Student Scholarship Fund.

My check is enclosed, made payable to PDT

I would like to pay via VISA / MC / AMEX (please circle one)

Credit card # _____ Exp. date _____

Signature _____

Mail forms (with payment enclosed) to:

Philadelphia Dance Theatre
Baird Hall - Suite 102
7500 Germantown Avenue
Philadelphia PA 19119



Questions?
please call 215.247.4272

Turn over for Health History Form →

STUDENT HEALTH HISTORY

Due to the highly physical demands of dance it is necessary to provide the following information. While dance is an art form, it can also be strenuous and even cause pain and serious injury. Therefore it is necessary that each dancer and/or their guardian understand these risks. Philadelphia Dance Theatre and its teachers will not be held responsible for any personal injury incurred by students. By signing this form you also agree not to hold the School or its teaching staff responsible for any injuries that the student below may incur while dancing at our studios. Please remember that all information will be considered confidential.

Student's Name _____

Emergency Contacts:

1. _____ (_____) _____

2. _____ (_____) _____

List any known allergies:

List all conditions being monitored by a physician including seizures, heart conditions, learning disabilities, emotional difficulties, etc.

List any special instructions in the event of a health crisis:

In case of significant illness/accident, and the emergency contact cannot be reached does the school have permission to seek professional medical attention via ambulance or transport to an emergency facility? Y N

MEDIA RELEASE: I give my permission for photographs or television footage which includes my child or myself to be used for promotional purposes on television, newspaper, magazines or any other media.

Signature: _____

I (student/parent or legal guardian) verify that the above information is accurate and complete.

Signature: _____ Date: _____