

# Rohanna Dance Productions

## Summer Programs

### Registration

Parent or Guardian's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please list any medical information that the teachers may need to be aware of:

\_\_\_\_\_

We will always try to call the parent or guardian listed above incase of an emergency. Please list another emergency contact below incase that person can not be reached.

Emergency Contact: \_\_\_\_\_

People other than parent or guardian authorized to pick up my child:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### CLASS SELECTIONS

Class Name	Day	Time	Tuition Price

Tuition Total: \_\_\_\_\_

-----OFFICE USE ONLY-----

Païd with cash: \_\_\_\_\_

Païd with check: \_\_\_\_\_

Païd in full: \_\_\_\_\_

Partial payment still owes: \$ \_\_\_\_\_