



Student Information

Student's Name: _____

Date of Birth (MM/DD/YYYY): _____

Mailing Address: _____

Primary Phone: _____

Primary Email Address: _____

Authorized Pick Up Information

Please list name and contact number of any person authorized to pick up your student.	
1.	3.
2.	4.

Policy Acceptance

___ I/we have received the LDC Handbook and understand the Studio Policies.

Signature / Responsible Party

Date

Classes

Class Name	Meeting Day / Time	Fees / Minutes

Registration Fee: \$15 Total Number of classes _____

Tuition: _____

Discounts: _____

Total Monthly Tuition _____

Total Costume Fee: _____ (For Elementary and Beginner \$50 per class. Intermediate and Advanced \$60 per class)

Costume Fee due in full by November 30.

Name and email of Person(s) responsible for paying all studio fees:



Measurements:

___ Height ___ Girth ___ Bust(chest) ___ Waist
___ Hip ___ Inseam ___ Tight Size ___ Leotard Size

NOTES: