

Name (Student One)		# of yrs @ Spotlight
Date of Birth	Age on 09/01/09	Grade in School
Name (Student Two)		# of yrs @ Spotlight
Date of Birth	Age on 09/01/09	Grade in School
Address		
City	State	Zip Code
Billing Name		
Billing Address (if different from above)		
City	State	Zip Code
Home Phone	Cell Phone	
Family e-mail (required for online access)		Student e-mail
Class Selection		
Class Title	Day	Time
1		
2		
3		
Please list additional classes on separate paper.		
Previous experience, comments, special needs:		
Tuition Payment		
Registration Fee (\$15 per student or \$30 per family)		
Applicable Discounts		
Iowa Sales Tax (7%)		
Total Payment Enclosed		
<p>I, the undersigned Parent or Guardian of the above student(s), release The Spotlight School of Dance, including instructors and assistants from any and all injuries which may occur while training, practicing, performing, or during any event or activity. I also agree that I am responsible for their health and accident insurance and any medical costs incurred due to injury. I also give my permission for emergency medical transportation and treatment at my expense if the need arises. I also give my permission for the public display of any studio visual images that my child may be in, and I have thoroughly read, understand and agree to The Spotlight School of Dance general information.</p>		
Signature _____		Date _____