

Perfect Princess Parties NJ
New Student Registration Form

Season: _____
Signup Date: _____

Student Information

Student's Name: _____ Date of Birth (MM/DD/YYYY): _____
Mailing Address: _____
Primary Phone: _____ Phone (2): _____
Name of Person responsible for paying fees: _____
Primary Email Address: _____
Primary Billing Phone # _____

Legal Release and Policy Acceptance (please initial)

___ I/we understand the Studio Policies ___ I/we understand my billing obligations
___ I/we understand the risks related to dance ___ I/we understand my responsibilities for my property
___ I/we understand the dress code ___ I/we understand the schedule
___ I/we give media use rights permission ___ I/we understand the attendance policy

Signature / Responsible Party Date

Classes

| Class Name | Meeting Date(s) / Time | Fees / Minutes |
|------------|------------------------|----------------|
| | | |
| | | |
| | | |

Registration Fee: ___ 0 ___ Recital Fee: ___ TBA ___
Tuition: ___ \$60 ___ Costume Fee: ___ TBA ___
Discounts: ___ 0 ___ Comp Fees: ___ N/A ___
Total Monthly Tuition ___ \$60 ___ Gym Fee: ___ N/A ___

Medical

Allergies: _____
Will your child require any special medical attention during a normal class: (yes/no) _____
If yes – Explain: _____

Just for fun!

"All about me:" _____

Favorite Princess: _____

[] – Recorded [] Paid in full [] On hold Processed by: _____ Special Notes: _____