

2024-2025 STUDENT REGISTRATION FORM

Note: Separate registration form and health form required for **each student**

STUDENT NAME : _____	
Date of Birth: _____	Age _____
PARENT(S) NAME: _____	
ADDRESS: _____ _____	
PHONE: _____	*EMAIL _____
<small>*ALL STUDIO NOTICES AND UPDATES ARE SENT VIA E-MAIL*</small>	

Class(es) Desired: Teacher Day Time

Please list classes in the order of the days of the week (Mon-Sat).

Please return the following items to:

LAD, 620 Paxton Place Suite 107, Lititz, PA 17543

1. Student registration form
2. **Medical/Refund Information sheet** (print out @ www.lititzacademyofdance.com)
3. ****\$25.00 Non-refundable registration fee** per student. Payment must be enclosed to secure your space.
4. **Include First installment tuition payment** - Tuition reminder will be sent to the email address you listed above thru the online service Constant Contact. SECOND tuition installment is due Sept.1.