

# PRAIRIE SCHOOL OF DANCE

*Quality instruction in a wholesome environment*

## REGISTRATION FORM 2010/2011

Please complete one registration form per family and return with payment to: 11000 Blossom Road, Eden Prairie, MN 55347

### FAMILY INFORMATION

Parent/s Names: \_\_\_\_\_

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

Email: \_\_\_\_\_

Billing address and name if different to above:  
\_\_\_\_\_  
\_\_\_\_\_

Ph: H: \_\_\_\_\_ C: \_\_\_\_\_ W: \_\_\_\_\_

Emergency contact details other than above:

Name: \_\_\_\_\_ Relationship to dancer: \_\_\_\_\_

Ph: H: \_\_\_\_\_ C: \_\_\_\_\_ W: \_\_\_\_\_

Physician Group and phone number:  
\_\_\_\_\_

Please note: This registration form needs to be fully completed for enrollment to be processed. Thank you.

### STUDENT INFORMATION

Dancer's Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age at Sept.'10: \_\_\_\_\_

School: \_\_\_\_\_ Grade at Sept. '10: \_\_\_\_\_ F/M

SPECIAL NEEDS/ALLERGIES: \_\_\_\_\_

\_\_\_\_\_ New student: Y/N

Dancer's Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age at Sept.'10: \_\_\_\_\_

School: \_\_\_\_\_ Grade at Sept. '10: \_\_\_\_\_ F/M

SPECIAL NEEDS/ALLERGIES: \_\_\_\_\_

\_\_\_\_\_ New student: Y/N

Dancer's Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age at Sept.'10: \_\_\_\_\_

School: \_\_\_\_\_ Grade at Sept. '10: \_\_\_\_\_ F/M

SPECIAL NEEDS/ALLERGIES: \_\_\_\_\_

\_\_\_\_\_ New student: Y/N

Please turn over →

**WAIVER:**

In the event of an emergency every effort will be made to contact the parent/ guardian/ emergency person. If we are unable to reach the designated person, your signature below authorizes Sarah Linner Quie and/or Prairie School of Dance staff or volunteers to seek medical treatment for your child. The parent or guardian signing below accepts full responsibility for said care.

\_\_\_\_\_  
Signature of Parent or Guardian, relationship to child/ren and name/s of dancer/s

\_\_\_\_\_  
Date

I, the undersigned, accept responsibility for the bills as will be sent to me from Prairie School of Dance for dance tuition and associated costs. I understand these bills are due and payable on receipt and to be paid in full within 30 days or I will incur a 5% late payment fee, which I agree to pay.

\_\_\_\_\_  
Signature of Parent or Guardian, relationship to child/ren and name/s of dancer/s

\_\_\_\_\_  
Date

I, the undersigned, hereby waive for myself, my child, heirs, issue and assigns all claims of liability against Sarah Linner Quie, Prairie School of Dance, and Prairie Lutheran Church, their instructors, employees, heirs and assigns.

\_\_\_\_\_  
Signature of Parent or Guardian, relationship to child/ren and name/s of dancer/s

\_\_\_\_\_  
Date

**CLASS CHOICES**

Please clearly write the classes you would like to be registered in below.

CLASS DAY & TIME	CLASS NAME	DANCER NAME

**Thank you for choosing Prairie School of Dance  
for your dance experience.**

- Age for registration is Dancer’s age on the first day of class.
- Priority placement is guaranteed for currently enrolled students for the 2010/2011 dance year upon receiving this completed form with a \$100.00 holding deposit by May 15<sup>th</sup> 2010.
- We will confirm your class registration via e-mail or phone.
- We will notify you if your choices are unavailable.

**CHECK LIST**

- Please complete one registration form per family.
- Please write your class choices above.
- \$40.00 Family Registration Fee
- If registering *April thru Aug. 15<sup>th</sup>*, \$100.00 deposit per dancer.
- If registering *after Aug. 15<sup>th</sup>*, please pay first quarter tuition.
- Return this form with payment to:  
11000 Blossom Road, Eden Prairie, MN 55347  
or the studio tuition box.

*Thank you!*