

School Registration Form

678-557-8299 or 678-557-0219 info@tmcultureartscenter.com

Date:

Please print writing only

Student Name: _____ **Age:** _____ **Gender:** M /
F **Birthday:** ___/___/___

Program Desired: **Annual Dance Class** **Individual Dance Class**
Private Dance Class

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Account Information

Parents/ Legal Guardians Name:

Mother _____ **Father** _____
Guardians _____

Home Address: _____ **City** _____ **GA.**
Zip Cod: _____

Phone Number: Cell: _____ **Home:** _____ **Work:**

County you live in: _____ **Subdivision:** _____
School: _____

Please print out your E-Mail Address:

Other Information:

Previous Dance Training School Name:

Previous Dance Training in how may Month _____ **or Years** _____ **Teacher's**
Name: _____

Any physical or health problems we should know about? Yes ___ **or No** ___

If yes, Please specific

\$20 Registration fee (Non-Refundable) Please make the check payable to:

TMCAC or APDS

Signature of Parent or Legal Guardian

Date

Please complete this form together. Sign it and return it to the school, together with a \$20 non refundable registration fee for each student being enrolled Please make sure you signed the RELEASE OF LIBILITY form on the back of this sheet. The form must be signed by a parent or legal guardian if the student is under 18.

**Mailing Address: 5855 Medlock Bridge Parkway, Alpharetta, GA. 30022 Tel:
678-557-8299 or 678-557-0219**