



# THE DANCE CENTER OF QUEENSBURY

79 Warren Street Square, Suite 202, POB 652  
Glens Falls, NY 12801 (798-5058)

## REGISTRATION FORM

NAME OF STUDENT \_\_\_\_\_

AGE OF STUDENT \_\_\_\_\_ STUDENT'S DATE OF BIRTH \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ EMERGENCY # (if different) \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

PROGRAM (S) ENROLLED IN \_\_\_\_\_

### Program Rates

30 minute class	\$7.00
45 minute class	\$12.00
60 minute class	\$15.00
Dance Camp Program #1	\$85.00 Daily Rate \$20.00
Dance Camp Program #2	\$105.00 Daily Rate \$25.00
Summer Intensive	\$140.00 Daily Rate \$30.00
Adult Classes	\$45 six week session/\$10.00 Drop in Rate
Private Lesson \$45.00 Semi-Private \$25.00 per student -1 Hour	
Five Class Pass	\$70.00

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Below is a consent form for any future studio/company publicity for parents to complete. (This is optional)

The following is an authorization and release between the Dance Center of Queensbury, Inc. and \_\_\_\_\_ a, Parent of \_\_\_\_\_ a dancer at the Dance Center of Queensbury, Inc.

I herby authorize the Dance Center of Queensbury, Inc. to use the likeness of my daughter/son in any and all promotional and advertising for the Dance Center of Queensbury, Inc. This includes print media, the internet and any other form of advertisement. I herby release the Dance Center of Queensbury, Inc from any and all liability in connection with the use of the images of my child.

My signature below is my express consent and authorization to the use of any images of my dancer.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

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Please send completed form to:

THE DANCE CENTER OF QUEENSBURY, INC.  
79 WARREN STREET SQUARE, SUITE 202, POB 652  
GLEN FALLS, NY 12801