

ENROLLMENT FORM
Ambition Dance & Performing Arts
457 Briargate Drive, South Elgin, IL 60177 847-841-1447

DATE: _____

HOW DID YOU HEAR ABOUT US? _____

STUDENT NAME: _____

STUDENT BIRTH DATE: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

PHONE: _____ EMERGENCY CELL PHONE: _____

MOTHERS NAME: _____ FATHERS NAME: _____

EMAIL ADDRESS: _____

PREVIOUS DANCE EXPERIENCE? _____

LIST MEDICAL OR LEARNING DISABILITIES: _____

CLASS CODE	DAY	TIME	TEACHER	CLASS TYPE
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.....				
.....				
.....				
.....				

MONTHLY TUITION \$ _____

REGISTRATION FEE \$ _____

OTHER \$ _____

TOTAL DUE \$ _____

I understand and agree Ambition Dance and Performing Arts and it's staff will assume no responsibilities for injuries or medical expenses incurred by my child, myself or any of my family members. I have read and fully understand the rules sheet, registration and payment procedure. I also understand that there are no refunds on tuition.

SIGNATURE OF PARENT OR GUARDIAN: _____