



KORESH SCHOOL OF DANCE
Registration for 2009 FALL SESSION
 Registration begins August 7. Classes begin September 14.

Student First Name: _____ Last Name: _____

Parent First Name: _____ Last Name: _____

Street Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Cell Phone Number: _____

Work Phone Number: _____ Email Address: _____

Date of Birth: _____ Male/Female _____ Grade for 09-10 school year: _____

Name of school student currently attends: _____

Number of classes per week for FALL 2009: _____

Classes registering for (please list day and time): _____

By signing this registration form, you acknowledge that you have read, understand and will agree to comply with all school policies. Please let us know if you require a copy.

Parent Signature: _____ Date: _____

PAYMENT INFORMATION - Office Use Only

Total for classes for FALL SESSION \$ _____

Registration fee (\$25 for new students) \$ _____

Greenfield fee (see reverse side) \$ _____

Paying in full at time of registration? (only applicable prior to Sept. 14) Yes or No

If yes, add a 5% discount to total \$ _____

FINAL TOTAL DUE \$ _____

(Payment weeks are Sept. 14, Oct. 19 and Nov. 30)

Amount	Date Paid	Type
\$		
\$		
\$		