

Moving Light Dance



184 River Street Montpelier, Vermont 802-595-3606
www.movinglightdance.com

Winter Spring 2025 Dance Program Registration Form

Student's Name: _____ Age: _____ Birthdate: _____

Parent's or Guardian's Name: _____

Mailing Address: _____ Town: _____ State/Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Parent's Email: _____ Student's Email: _____

Emergency Contact- Name, Home Phone & Cell Phone: _____

Person responsible for payments: _____

Please list any medical conditions your child has, that you feel his/her teacher should be aware of:

I hereby give permission to Moving Light Dance to photograph and/or video tape my child during classes, rehearsals and/or performances for school promotional use:

Signature: _____

Registering for the following Classes:

Please write in:	name of class	day/length	Tuition
1 st class	_____	_____	_____
2 nd class	_____	_____	_____
3 rd class	_____	_____	_____
4 th class	_____	_____	_____
5 th class	_____	_____	_____

Total Tuition _____

I am enclosing a check along with this registration in the amount of \$ _____

I am aware that ballet and other forms of dance may cause physical stress and injury to the body and on behalf of myself and my child I assume the risk and agree not to hold Moving Light Dance liable in any way. I have read and understand the terms and conditions of Moving Light Dance policies and payment plan and agree to abide by them.

Signature: _____ Date: _____

Please mail registration with payment to: Moving Light Dance 184 River Street Montpelier, Vt 05602