JUST DANCE! At Yorktown Stage
REGISTRATION FORM
(Use separate form for each Child)
2017-2018

Register Early!! All programs have limited enrolments and we do not want to cancel classes due to late enrolment.

ONLINE:	*www.yorktownstage.org*
BY EMAIL:	*barryysproducer@gmail.com*
DELIVER TO:	*Yorktown Stage, 1974 Commerce Street, Yorktown Heights, NY (Room 10)*
BY MAIL:	*Yorktown Stage, PO Box 877, Yorktown Heights, NY 10598*

The fees: each class $485; each costume $90; student registration $50

(Check all classes that apply)

MONDAY
Broadway II	4:00 – 5:00	❑
Ballet/Tap I	5:00 – 5:45	❑
Ballet/Tap II	5:45 – 6:45	❑
Broadway I	6:45 – 7:45	❑
Advanced Dance	7:45 – 9:00	❑

TUESDAY
Tumbling	4:00 – 5:00	❑
Hip Hop/Lyrical I	5:00 – 6:15	❑

WEDNESDAY
Technique/Production I	4:00 – 5:00	❑
Hip Hop/Lyrical II	5:00 – 6:15	❑
Technique/Production II	6:15 – 7:30	❑
Tap/Jazz IV	7:30 – 8:45	❑

THURSDAY
Tap/Jazz II	4:00 – 5:15	❑
Tap/Jazz I	5:15 – 6:15	❑
Adult Tap	6:15 – 7:15	❑

FRIDAY
Hip Hop/Lyrical V	2:30 – 4:00	❑
Tap/Jazz III	4:00 – 5:15	❑
Hip Hop/Lyrical III	5:15 – 6:30	❑
Hip Hop/Lyrical IV	6:30 – 7:45	❑

Child's Name: _____
               Last   *First*

Date of Birth: _____ **Age Today:** ____ **Grade Today:** _____ **Boy / Girl (Circle)**

Name of Primary Parent/Guardian: _____ Email Address _____
                               (REQUIRED) Confirmation of Registration will be sent by EMAIL ONLY

Address of Primary Parent/Guardian: _____
                          Number & Street   *Town*   *State & Zip*

Phone Nos. Primary Parent/Guardian: Home _____ Business _____ Cell_____
                           (Please Be Sure To Add Area Code)

Name of Other Parent/Guardian: _____ Email Address _____

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RELEASE STATEMENT: I hereby release the Executive Director and all employees of YORKTOWN STAGE from all claims of liability for any damages or injuries which may be sustained while my child is in Dance Class. I hereby give permission for my child's photograph to be used in Yorktown Stage's Dance Company advertising and promotions.

Signature of Parent / Guardian _____ Date:_____

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IF PAYING BY CHECK *(PREFERRED METHOD):*	*IF PAYING BY CREDIT CARD* *:*
AMOUNT ENCLOSED **$** _____	**AMOUNT TO CHARGE $** _____
Check # _____	Credit Card # _____
Bank Name _____	Expiration Date _____