

Robin McGill School of Dance
711 Main Street
Avon, N.J. 07717
732-774-0013

REGISTRATION FORM

Name _____

Address _____ Town _____ Zip _____

Birth date _____ Phone _____ e-mail _____

Special physical or learning needs _____

Previous training; school attended _____

How did you learn about our school? _____

PLEASE CIRCLE CLASSES DESIRED:

PRESCHOOL 1 (Ages 3 - 4) 3/4 hour - basic pre-ballet, stretching, tumbling and musical comedy songs

PRESCHOOL 2 (Ages 4 - 5) 3/4 hour - same as Preschool 1 with tap

COMBINATION (Ages 5 - 7) 1 hour - ½ ballet and ½ tap

COMBINATION (Ages 5 - 7) - 1.5 hours - tap, ballet, and acrobatics

BALLET (Ages 7+) - 3/4 hour to 1 hour

POINTE (Ages 11 +) --(by recommendation only-weekly ballet class required)

TAP (Ages 7 +) - 3/4 hour to 1 hour

JAZZ (Ages 7+) - 3/4 hour to 1 hour

ACROBATICS (Ages 7 +) - 1 hour- stretching, ballet and tumbling

HIP - HOP (Ages 7 +) -(weekly jazz class required)- 3/4 hour to 1 hour

LYRICAL JAZZ (Ages 10+)-- (weekly jazz or ballet class required)- 1 hour

JUMPS & TURNS (Ages 10+)-- (weekly jazz class required)- 1 hour

BOYS TAP AND TUMBLE(Ages 4+)- 3/4 hour to 1 hour

CONTEMPORARY(Ages 11+) (weekly jazz or ballet class required)- 1 hour

MUSICAL THEATER (Ages 8 +) (weekly jazz or ballet class required) 1 hour

ADULT CLASSES - Ballet, Tap , Jazz, Hip Hop, Ballroom - 1 hour

Acknowledgment

I acknowledge that all services rendered to the student named herein are provided at my request and for my benefit and that I will be personally responsible for the payment of all tuition fees, costs, and charges including costume and accessories charges. I understand that the fees for tuition, charges for the purchase of a costume and/or accessories, or any costs incurred are not refundable for any reason and regardless of the named student's participation in the recital or completion of the dance year. I understand that the Robin McGill School of Dance reserves the right to remove, reassign and/or dismiss any student from any and all class, classes, competition, recital, and/or other school function or event and to decline to provide services to any student for any reason, at its sole discretion, at any time including, but not limited to, the day of any class, competition, recital, or other function or event.

Date _____

Signed _____

(Print name)

Please provide your address and telephone number where you may be contacted by the Robin McGill School of Dance in the event that the school should need to contact you. Should the source of any or all payments be different than the person signing this acknowledgment, please also provide the name, address, and telephone number of said additional source.

Name _____

Address _____ Town _____

Telephone Number _____

Additional source(s)

Name _____

Address _____ Town _____

Telephone Number _____

Do you give the Robin McGill School of Dance permission to use your child's image in newspaper and /or internet advertising?

(please circle response)

YES

NO

Signed _____ Print Name _____ Date _____