



STUDENT _____ DATE OF BIRTH _____

PARENT/GUARDIAN _____

EMAIL _____ CELL _____

*Please indicate your class preference (Class type and day/time)
List 1st and 2nd choice if applicable.*

Check out mksdance.com to see options for your age group.

_____	_____
_____	_____
_____	_____
_____	_____

REQUIRED

Please take a moment and review our policy page at mksdance.com which include our policies on withdrawal, late payments, student health and wellness, and overall studio rules.

I have read and agree with the policies of MKSD.

Parent/Guardian Name (printed) _____

Signature _____ Date _____

PLEASE INDICATE YOUR PREFERRED PAYMENT PLAN

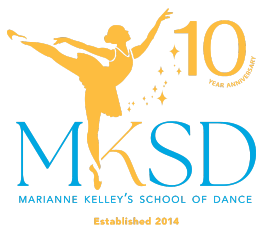
____ Pay in Full (save \$20 on tuition per class enrolled)

Payment Plans: Tuition is divided into payments due on the first of the month.

____ 2 Payments (September, January) ____ 4 Payments (Sept, Nov, Jan, March)

____ 8 Payments (September, October, November, December, January, February, March, April)

____ Company Only: 10 Payments (August, September, October, November, December, January, February, March, April, May)



SEPTEMBER 2023 - MAY 2024 FALL REGISTRATION

REQUIRED

- By enrolling my child/children/self at Marianne Kelley's School of Dance, I agree that pictures and videos taken may be used for ads, printed material or video by MKSD.
- I do not hold Marianne Kelley's School of Dance or its employees liable for injuries that may occur during classes, rehearsals, or performances given by Marianne Kelley's School of Dance.
- I give permission for an employee of Marianne Kelley's School of Dance or a parent chaperone to seek medical attention for my child if necessary.

Student Name _____

Parent/Guardian Signature _____ **Date** _____

Please list any medical conditions of which MKSD should be aware:

*MKSD will send you a complete fall packet via email - in July,
including class details, calendar, and invoice*

Thank you for your registration!