



The Louise B. Harrison Studios  
 Dance \* Gymnastics \* Performing  
 321 South High Street  
 West Chester, Pa 19382

Phone (610) 692-6144

FOR OFFICE USE ONLY

Paid Check # \_\_\_\_\_  
 Dated \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Paid Cash \$ \_\_\_\_\_ Date \_\_\_\_\_  
 Date 1st class taken \_\_\_\_\_

***Enrollment Form***

Studio Location \_\_\_\_\_ Class Time \_\_\_\_\_ Today's Date \_\_\_\_\_

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Father's Full Name \_\_\_\_\_ Employed By \_\_\_\_\_

Mother's Full Name \_\_\_\_\_ Employed By \_\_\_\_\_

Home Phone \_\_\_\_\_ Mother's Work Phone \_\_\_\_\_

EMERGENCY PHONE (other than home phone please) \_\_\_\_\_

Previous Dance Training in years \_\_\_\_\_ Where child studied previously \_\_\_\_\_

How you learned of our school \_\_\_\_\_

**IF SOMEONE OTHER THAN THE PARENTS IS TO BE BILLED FOR LESSONS, GIVE THE FOLLOWING INFORMATION:**

Person to be billed is \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**ATTENTION PARENTS!**

Tuition is payable at 1st class to register, including a \$25.00 registration fee per family, per season. Tuition must be paid each 6 weeks as billed if pupil is to remain with our school. NO CREDITS NOR REFUNDS. Check with our office as to class make-up procedure and class attire for your child.

A recital will be held in December for our Jazz Students, Special Group Dance Students & Special Group Gym Students. A recital will be held in June for Regular Dance and Jazz students and SPECIAL GROUP GYM STUDENTS. Details will be forthcoming. Your child's participation in either or both recitals is by your choice. IN ORDER TO PREVENT MISUNDERSTANDINGS, a bulletin containing our RULES & REGULATIONS has been attached to this enrollment form. PLEASE SIGN THE RULES & REGULATIONS FORM AND RETURN IT TO US AT YOUR CHILD'S FIRST CLASS. We'll do our best to give your child the finest training available.

\_\_\_\_\_  
 (Today's Date)

\_\_\_\_\_  
 (Signature of Parent or Guardian)