

Registration \$ \_\_\_\_\_  
Check # \_\_\_\_\_  
Monthly Fee: \$ \_\_\_\_\_

Mon \_\_\_\_\_ Thur \_\_\_\_\_  
Tues \_\_\_\_\_ Fri \_\_\_\_\_  
Wed \_\_\_\_\_ Sat \_\_\_\_\_

## Let's Dance 2019/2020

211 E. Butler Road C-4, Mauldin, SC 29662 (864) 297-0895 /www.letsdancesc.com  
103 South Main Street, Ft. Inn, SC 29644 (864) 268-8588/www.letsdancesc.com

Student's name: \_\_\_\_\_ Gender: Male Female  
Age: \_\_\_\_\_ DOB: \_\_\_\_\_ This is my child's \_\_\_\_\_ year at Let's Dance

T-shirt Size: child size- XSC (2T/3T) SC (4/6) MC (7/8) LC (10/12) adult size- AS AM AL AXL  
Costume Size: child size- XSC (2T/3T) SC (4/6) MC (7/8) LC (10/12) adult size- AS AM AL AXL  
My child takes class through a daycare facility: Yes No Daycare: \_\_\_\_\_

Student's name: \_\_\_\_\_ Gender: Male Female  
Age: \_\_\_\_\_ DOB: \_\_\_\_\_ This is my child's \_\_\_\_\_ year at Let's Dance

T-shirt Size: child size- XSC (2T/3T) SC (4/6) MC (7/8) LC (10/12) adult size- AS AM AL AXL  
Costume Size: child size- XSC (2T/3T) SC (4/6) MC (7/8) LC (10/12) adult size- AS AM AL AXL  
My child takes class through a daycare facility: Yes No Daycare: \_\_\_\_\_

Parent's name (circle if different): \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mom's Cell: \_\_\_\_\_ Dad Cell: \_\_\_\_\_  
Pref. Email: \_\_\_\_\_ Alt. Email: \_\_\_\_\_  
Please tell us how you heard about Let's Dance: \_\_\_\_\_

**Preferred Method of Payment:** Credit/Debit Card billed automatically each month: Visa MC Discover Amex  
Card # \_\_\_\_\_ Expiration: \_\_\_\_\_

***I have received and read the Let's Dance information, policies, and liability waiver for the 2019/2020 season and agree to all the terms and conditions stated.***

***Parent's Signature:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_

**THIS FORM MUST BE ACCOMPANIED BY A \$25.00 REGISTRATION FEE. ADD \$10.00 FOR EACH ADDITIONAL CHILD'S REGISTRATION.**

