

# Mississippi Metropolitan Dance Academy Registration Form

School Location: \_\_\_\_\_Madison \_\_\_\_\_Reservoir

Student's Name \_\_\_\_\_Age \_\_\_\_\_Birthday \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_Mother's Cell \_\_\_\_\_Father's Cell \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_

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

Father's Place of Employment \_\_\_\_\_

Father's Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Classes:

Level \_\_\_\_\_Day/Time \_\_\_\_\_

By signing below I agree to pay the tuition amount of \_\_\_\_\_per month for 9 ½ months, unless I formally withdraw in writing through the administrative office. Registration fees, costume fees, recital fees, and tuition are non-refundable.

**Payment Method:**

\_\_\_\_\_Monthly \_\_\_\_\_Per Semester(due first day of class and Jan 1) \_\_\_\_\_Yearly

I will not hold The Mississippi Metropolitan Dance Academy responsible for any injuries sustained on the premises or during the normal course of classes. I also authorize MMDA to use photographs of my daughters on their website for publicity purposes.

Parents Signature \_\_\_\_\_

Please mail this form along with the registration fee of \$30 to:

MMDA, P.O. Box 430, Madison, MS 39130.