



Office Use Only:

719 N. Hampton Rd Suite 521 | DeSoto, TX | 75115 | 972-230-9323 | MaryLoisDance@aol.com

NAME OF STUDENT \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

PRIOR YEARS OF DANCE TRAINING \_\_\_\_\_

NAME OF PARENTS/GUARDIANS \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

HOME PHONE ( ) \_\_\_\_\_ WORK PHONE ( ) \_\_\_\_\_

CELL PHONE ( ) \_\_\_\_\_ CELL PHONE ( ) \_\_\_\_\_

\*\*EMAIL \_\_\_\_\_

\*\*EMAIL \_\_\_\_\_

**\*\*All notices and announcements will be emailed. Please write email address(es) legibly.**

**SECONDARY EMERGENCY CONTACT**

Please provide a different name, address and phone number than above.

NAME \_\_\_\_\_ RELATION \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

DOCTOR \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

HOSPITAL \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

**PARENTAL RELEASE**

The Mary Lois School of Dance assumes no responsibility or liability in connection with my child \_\_\_\_\_ being on the premises and participating in the Mary Lois School of Dance programs and its related field trips beyond its control.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

I have received, read, and understand the Mary Lois School of Dance Policies, including the tuition late fee and recital fee deadline. My child(ren) and I will adhere to these guidelines.  
  
\_\_\_\_\_  
(initials)