

ENROLLMENT FORM: WESTFIELD CENTER

Student's Name: _____

Age as of Sept. 1: _____ Date of Birth: _____

Street Address: _____

City, State & Zip: _____

Telephone No: (_____) _____ - _____ E-Mail: _____

Class Day & Time: _____ Instructor: _____

Class Day & Time: _____ Instructor: _____

Class Day & Time: _____ Instructor: _____

Class Day & Time: _____ Instructor: _____

Parent's Name: _____

I understand that dance and gymnastics involves twisting and turning, and injuries may result. All families are responsible for their own medical coverage and insurance. I also give permission for any dance pictures to be used in local newspaper articles, studio advertising or on our web-site.

Signature: _____ Date: ____/____/____

- 1 class per week- \$35 per month
- 2 classes per week- \$60 per month
- 3 classes per week- \$83 per month
- 4 classes per week- \$104 per month

Each Westfield student must pay a \$10 nonrefundable registration fee.

Please enclose this completed form along with a nonrefundable check for September lessons plus the Ten dollar (\$10.00) registration fee and return to...

**New England Dance and Gymnastics Centers
28 Southwick Road
Westfield, MA 01085**

Amount enclosed- \$ _____