

Competitive: Studio Copy

	GROUP:			
Name of Student:				
Students D.O.B.: Month	Day_Year			
Parents or Guardian Nan	ne:			
Address:				
Phone Numbers: He	ome:	Business or Cell		
**Email Ac	ddress:			
Competitive Studen				
JAZZ				
TAP:				
BALLET:				
		LYRICAL:		
HIP HOP/Musical The	atre:			
Classes Commence Sep	tember 9 th , 2024			
Please Note the Followi	ng: of every month. Applicable H.S.	T is included		
\$10 Late fee applies if not	paid before the 15^{th} of the mont	<mark>h.</mark>		
	ansfer will be accepted on or be or before the 1 st day of classes	fore the first of the month. *December & June Fee is for 1	3 weeks	
	2	containing NUTS or EGG into the		
		lasses due to illness or holidays ta	ken by the student.	
NO REFUND or make-up ALL CLASSES ARE SU	class for classes cancelled due BJECT TO CHANGE	to snow days.		
MICKI'S DANCE CONN	NECTION INC. REQUESTS	THAT ALL STUDENT'S LIMI	Г THEIR DANCE	
TRAINING TO ONE ST MICKI'S DANCE CONN		PONSIBLE FOR LOST OR ST	OLEN ITEMS	
MICKI'S DANCE CONN		PONSIBLE FOR PERSONAL I		
STUDENT.	VILL BE CHARGED A \$40.0	A HANDI INC FEF		
I hereby give permission	for images of my child, captu	ed during regular & special dar ses of Micki's Dance Connection		
Parent's Signature:		Staff Initials		
Date:	Monthly Fee:	December Fee:	June Fee:	
Competitive Costume Do	eposits: (\$100 per competitiv	e class) Total:	Date Paid:	

***Due at Registration.