

Dancer's Name:

(Last) (First) (Birth Date) (Age)

Parents Name:

(Last) (First)

E-mail Addresses _____

(School announcements, watching week, recital information, snow days, etc)

Address:

(Street) (City) (State) (Zip)

(Parent Home Phone)

(Parent Work Phone)

(Parent Cell Phone)

Emergency

Contact:

(Name) (Phone)

How did you hear about us? (check one) Friend Newspaper Performance Other _____

New Dancer at RMSD (circle one) Yes No Member of *The McDance Company* (circle one) Yes No

Please make Tuition Checks to: Rebecca McCarthy School of Dance And Costumes Checks to: RMSD Costume

Class Name	Class Day	Class Time

Office Use Only: Session I

Date	CC#	Ex. Date	SC#	Amount	Costume Deposit

Date	Check#	Amount	Costume Deposit

Office Use Only: Session II

Date	CC#	Ex. Date	SC#	Amount	Costume Deposit

Date	Check#	Amount	Costume Deposit

Office Use Only: Session III

Date	CC#	Ex. Date	SC#	Amount	Costume Deposit

Date	Check#	Amount	Costume Deposit