

**PLEASE PRINT CLEARLY**

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)

***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		