

Registration \$ \_\_\_\_\_  
check# \_\_\_\_\_  
fee: \$ \_\_\_\_\_

Mon. \_\_\_\_\_ Thur. \_\_\_\_\_  
Tues. \_\_\_\_\_ Fri. \_\_\_\_\_ monthly  
Wed. \_\_\_\_\_ Sat. \_\_\_\_\_

**211 E. Butler Road C-4  
Mauldin, SC 29662  
(864) 297-0895 / www.letsdancesc.com**

**FALL REGISTRATION: September - May**

Student's name: \_\_\_\_\_ size : 6 8 10 12 AS AM AL  
age: \_\_\_\_\_ date of birth: \_\_\_\_\_

Second child: \_\_\_\_\_ size: 6 8 10 12 AS AM AL  
age: \_\_\_\_\_ date of birth: \_\_\_\_\_

My child is transported to Let's Dance by her daycare facility: YES NO Daycare: \_\_\_\_\_

My child takes her dance class at her daycare facility: YES NO Daycare: \_\_\_\_\_

Parent's name (circle if different): \_\_\_\_\_

Address: \_\_\_\_\_ city: \_\_\_\_\_ zip: \_\_\_\_\_

Phone/ home: \_\_\_\_\_ cell/ Mrs: \_\_\_\_\_ work/ Mrs. \_\_\_\_\_

Email: \_\_\_\_\_ This will be my child's \_\_\_\_\_ year at Let's Dance.

Please tell us how you heard about Let's Dance: \_\_\_\_\_

**Preferred method of payment:** credit/debit card billed automatically each mo.: VISA or MASTERCARD

Card # \_\_\_\_\_ expiration : \_\_\_\_\_

***I have received and read the Let's Dance information, policies, and liability waiver and I agree to all the terms and conditions stated. Parent's signature: \_\_\_\_\_***

**A \$25.00 REGISTRATION FEE MUST ACCOMPANY THIS FORM. ADD \$5.00 FOR EACH ADDITIONAL CHILD'S REGISTRATION.**