

Registration \$ _____
Check # _____
Monthly Fee: \$ _____

Mon _____ Thurs _____
Tues _____ Fri _____
Wed _____ Sat _____

Let's Dance 2024-2025

211 E. Butler Road C-4, Mauldin, SC 29662 (864) 297-0895 /www.letsdancesc.com
610-A N. Woods Dr, Ft. Inn, SC 29644 (864) 268-8588/www.letsdancesc.com

Student's name: _____ Gender: Male Female

Age: _____ DOB: _____ This is my child's _____ year at Let's Dance

T-shirt Size: child size- XSC (2T/3T) SC (4/6) MC (7/8) LC (10/12) adult size- AS AM AL AXL

Costume Size: child size- XSC (2T/3T) SC (4/6) MC (7/8) LC (10/12) adult size- AS AM AL AXL

My child takes class through a daycare facility: Yes No Daycare: _____

Student's name: _____ Gender: Male Female

Age: _____ DOB: _____ This is my child's _____ year at Let's Dance

T-shirt Size: child size- XSC (2T/3T) SC (4/6) MC (7/8) LC (10/12) adult size- AS AM AL AXL

Costume Size: child size- XSC (2T/3T) SC (4/6) MC (7/8) LC (10/12) adult size- AS AM AL AXL

My child takes class through a daycare facility: Yes No Daycare: _____

Parent's name (circle if different): _____

Address: _____ City: _____ Zip: _____

Mom's Cell: _____ Dad Cell: _____

Pref. Email: _____ Alt. Email: _____

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

Preferred Method of Payment: Credit/Debit Card billed automatically each month: Visa MC Discover Amex

Card # _____ Expiration: _____ CVV: _____ Zip: _____

I have received and read the Let's Dance information, policies, and liability waiver for the 2024-2025 season and agree to all the terms and conditions stated.

Parent's Signature: _____ ***Date:*** _____

THIS FORM MUST BE ACCOMPANIED BY A \$30.00 REGISTRATION FEE. ADD \$15.00 FOR EACH ADDITIONAL CHILD'S REGISTRATION.