



Classes Begin Thursday, Aug 26

_____ has selected the following classes for the 2010–2011
(student's name)

Class/Day/Time

Class/Day/Time

Class/Day/Time

My current registration info is correct

See below for information updates

Comments/Updates: Address _____

Phone (W/H), Cell phone, Email _____

Name Changes: _____

Others _____

Fall/Spring Semester Tuition Monthly Installment. Tuition _____ + \$15 *Registration Fee = \$ _____

* Registration Fee is waived for students of the Summer 10 Program.

Ck# _____

I understand and will abide by the Policies and Tuition requirements of Dance Conservatory.

Signature of Parent/Guardian _____ Date _____ Phone # _____

Mail form & payment to Dance Conservatory: P.O.Box 493, Dover, DE 19903



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