

2019 Workshop/Class REGISTRATION:

Child's Name _____ Birthdate _____ Age _____

Parent Names _____ Occupation _____

Address _____

Phone (day) _____ (evening) _____

Email _____ Drug/Food Allergies _____

Caregiver Name(s) & Cell Phone #: _____

Authorized Person(s) for picking up your child after the workshop & their phone #: _____

Emergency Contact Name _____ Phone # _____

Child's Physician Name _____ Phone # _____

Child's Academic School _____ Prior Dance Training _____

1st Choice Workshop: _____ 2nd Choice Workshop: _____

Location: _____ Date: _____ Time: _____ Location: _____ Date: _____ Time: _____

Tuition Due: \$ _____
Total Payment: \$ _____ amount enclosed

PLEASE NOTE THE FOLLOWING POLICIES:

- Make checks payable to **In Grandma's Attic**.
- Registration is considered incomplete without parent/guardian's signature below.
- **Workshop/class tuition is non-refundable. There is no credit given for a workshop missed.**

RELEASE OF LIABILITY: I, as the legal parent or guardian of the above student authorize my child's enrollment in the above class(es)/program and release Deborah Bailay, her contractors and employees of **In Grandma's Attic** of liability due to personal injury or loss of property.

Signature of Parent/LegalGuardian _____ Date _____

Questions? Call our Voicemail at 212-726-2362 or visit our Website at www.ingrandmasattic.com.