

Jewish Center for the Performing Arts

REGISTRATION FORM

Student's Name (First and Last): _____ Parent's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Student Date Of Birth: _____ School Grade: _____ School: _____

Primary Parent Cell Phone: _____ Home: _____

E-MAIL ADDRESS (for important updates) _____

Previous Dance School (if any) _____

Classes Registering For:

Class	Level	Days	Time
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How Did You Hear About Us? _____

**PLEASE MAKE CHECKS PAYABLE TO BROOKLYN JEWISH DANCE THEATER INC OR BJDT.
PLEASE INCLUDE STUDENTS NAME & MEMO.**

LIABILITY RELEASE

I, _____, do hereby discharge and release Brooklyn Jewish Dance Theater, its directors, employees, and instructors from any and all liability for injury, loss, damage, obligation, expense or penalty, which _____ (student's name) may sustain in connection with his or her participation in dance classes while at Brooklyn Jewish Dance Theater.

In addition, by signing this form, I acknowledge that I have received, read, and understand the studio policies.

By (signature of parent or guardian): _____

Parent Name (print): _____ Date: _____