

School of Rockford Dance Company

Riverfront Museum Park
 711 N. Main Street
 Rockford, IL 61103-6999
www.rockforddancecompany.com
 815-963-3341 Fax: 815-963-3541

Date Received: _____

2010-2011 Fall/Spring Registration

* Required

*Students Full Name: _____

First _____ Middle Initial _____ Last _____

*Address: _____

Street _____ City _____ State _____ Zip _____

*Student Birth Date: _____

Age: _____

M ____ F ____

*Father's Full Name _____

Work Place _____

*Mother's Full Name _____

Work Place _____

*Father's Cell Phone or Work Phone _____

*Mother's Cell Phone or Work Phone _____

*Home Phone: _____

*Email Address: _____

Yes, I would like to receive email information from RDC

*Emergency Contact: _____

*Telephone: _____

*Special Health Problems/Medications: _____

Returning Student ____ New Student ____ How did you hear about RDC? _____

Name of class	Day of Week	Time
1)		
2)		
3)		
4)		
5)		
Payment Option Fees: (ACH charges: \$15 or \$30)		

Registration Fee:

\$40 Registration Fee for new families only.

Spring School Production Fee:

Due at Spring Registration

Discounts: _____

Total:

	Fall	Spring
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		

MC/Visa # _____

Exp.Date _____

Would you like us to keep this credit card number on file? _____

*Parent/Student Signature: _____

Your signature releases Rockford Dance Company from liability in the event of injury during any RDC class. By signing the above, I recognize the policies of the School of Rockford Dance Company and I am fully aware of the registration and refund policies. I give permission for my child's image to be used in RDC's promotional materials

Special Notes: _____