

# 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: \_\_\_\_\_

## 2011-2012 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)

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

**Registration Fee:**

\$40 Registration Fee for new families only.

**Spring School Production Fee:**

Due at Spring Registration

**Discounts:** \_\_\_\_\_

**Total:**

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: