

Creative Movement Dance Classes with Rachael Brown

Registration Form: Fall 2017, September 11 – December 12 (no class Thanksgiving week)

Mondays & Tuesdays 12:45-1:30, Ages 3-5

Creative Movement classes held at Hands on Art and Play

Student Name: _____ Date of Birth: _____

Parent's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Emergency/Secondary Contact: _____ Phone: _____

Class day I am signing up for:

- ☐ Mondays
- ☐ Tuesdays
- ☐ Both

Authorization:

I agree to pay \$120 for the 13-week session (or prorated amount if student is starting after September 11/12, 2017; twice a week \$240). Checks should be made payable to "Rachael Brown".

I hereby give consent for the student listed above to participate in Rachael Brown's Dance Classes. To the best of my knowledge, my child is in good health and I will notify Rachael Brown if he/she has any special medical needs. I further release and agree to hold harmless Rachael Brown, St. David of Wales Episcopal Church, Hands On Art and Play, and its officers from any liability concerning my child's involvement in dance classes.

I, or an authorized guardian will pick up my child from Hands on Art and Play following the dance class. I acknowledge that Rachael Brown will charge a fee of \$1.00 per minute if a student's parent/guardian is more than five minutes late to pick up their child.

- ☐ *I give permission for Rachael Brown to use any photograph myself/my child is in for promotional purposes*

Signature of parent/guardian: _____ Date: _____

Rachael Brown Dance Classes

(503) 512-9182 • rachaelbrowndance@gmail.com • www.facebook.com/ExpressYourselfDance