



1 Action Blvd Unit 4 Londonderry, NH 03053
603.424.4041 nhadance.com misslaura@comcast.net

Student Name(s) _____

Student age(s) _____ Student Date(s) of Birth _____

Guardian Names _____

Mailing Address: _____

Home Phone: _____

Cell Phone: _____

Email Contact: _____

Medical Conditions/Physical Limitations _____

How did you hear about NHAD? _____

Emergency Contact Name & Phone _____

I, the parent/guardian of the above student(s) understand that my registration is NOT complete until I have received a student handbook in person, at the studio and have signed for its' receipt.

Sign here _____ Date _____

I would like to enroll my child in the following classes:

Class Name	Meets (Day, Time)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____

() Yes, please enroll me in the autopayment plan. My debit/credit card will be billed on the first day of the month for the month's tuition as well as any outstanding balance on my account.

Card # _____ Exp: _____