

REGISTRATION FORM

PARENT INFORMATION

Mothers Full Na	ame:	Cell Phone:
Fathers Full Na	me:	Cell Phone:
Email Address:		Email Address:
Address	:	
City	:	State:
Zip Code	:	Home Phone :

STUDENT INFORMATION

Full Name	:							
Current Age	:	Date Of Birth :						
School	:	Grade as of 9/1/24 :	м	м	D	D	Y	Y

HEALTH INFORMATION

DOES YOUR CHILD HAVE ANY ILLNESS, ALLERGIES OR			
HEALTH CONDITION THAT WE SHOULD BE AWARE OF?			
(If so, please explain below)			

Emergency Contact:				Phon	ie:		
PLEASE	сомр	LETE AND	SIGN THE R	EVERSE SID	e of	THIS FORM	
J	ОНИ	HAYES	O'NEILL	STUDIO	O F	DANCE	

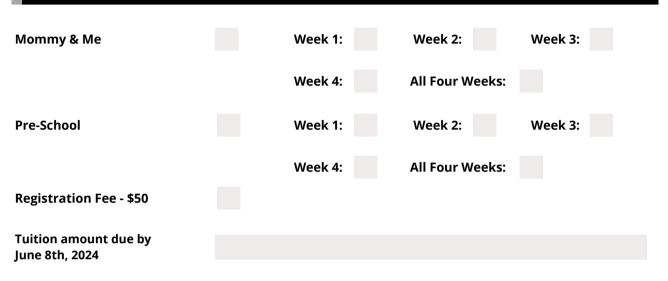
218 West Dominick Street Rome, NY 13440 jhodance.com (315) 337-2920 info@jhodance.com

No



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SUMMER CAMP INFORMATION



Your child's summer camp placement will be determined by the Artistic Directors before filling out this form. Please do not submit your registration form without consulting with Stephen and Canan Jackson first

SUMMER CAMP CONTRACT AGREEMENT

I UNDERSTAND THAT I AM ENROLLING AT THE JOHN HAYES O'NEILL STUDIO OF DANCE FOR THE SUMMER INTENSIVE 2024. I ALSO UNDERSTAND THAT THERE IS NO REFUND OF TUITION UNLESS THERE IS A MEDICAL REASON AND THE OFFICE HAS RECEIVED A CERTIFICATE OF THE STUDENTS INABILITY TO ATTEND CLASSES FROM A DOCTOR. IN SIGNING THIS CONTRACT, I REALIZE THAT I AM LIABLE FOR PAYMENT OF TUITION FOR THE FULL SUMMER INTENSIVE UNLESS, PRIOR TO THE START OF THE SUMMER INTENSIVE, THE STUDIO HAS RECEIVED IN WRITING MY INTENT TO WITHDRAW FROM THE INTENSIVE. I UNDERSTAND THAT THE JOHN HAYES O'NEILL STUDIO OF DANCE AND ITS STAFF SHALL NOT BE HELD LIABLE IN ANY WAY FOR INJURIES SUSTAINED DURING THE ATTENDANCE AT THE SCHOOL OR ANY OF ITS RELATED FUNCTIONS. I ALSO AGREE TO THE STUDIO RULES AND

REGULATIONS, A COPY OF WHICH I HAVE RECEIVED.

Parent Signature

Date

JOHN HAYES O'NEILL STUDIO OF DANCE

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