

Petit Papillon Registration Form
Return to: POB 1585, Concord, NH 03302

Dancer's Full Name _____ Sex F ___ M ___ Grade _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Date of Birth ___ / ___ / _____ Age _____

Cell Phone _____ E-Mail Address _____

Mother's/Guardian's Name _____

Occupation _____ Employer _____

Work Phone _____ Alternate E-Mail Address _____

Father's/Guardian's Name _____

Occupation _____ Employer _____

Work Phone _____ Alternate E-Mail Address _____

Petit Papillon uses E-Mail addresses for school notices & information ONLY & NEVER sells or gives out addresses.

Classes _____

Classes _____

Classes _____

Tuition: _____
Registration Fee(\$25) _____
Total: _____
Amount Enclosed: _____

Please check tuition payment method: _____ Monthly--due first of each month Sept.- May
_____ Three installments--due on or before first class in September,
December 1 and March 1.

RELEASE: In consideration for participation in the activities/programs of Petit Papillon, I hereby for myself, my heirs, executors, and administrators, waive and release all rights and claims against Petit Papillon, or it's officers, employees, agents, volunteers and supervisors, except in the case of their sole negligence, from all losses, injuries, damages, fees and other expenses arising out of participation in the activities/programs. In addition I give my permission for the child, named above, to be treated by qualified medical personnel in the event that the above named parent/guardian cannot be reached at the phone numbers provided.

Signature: _____ **Date:** _____
(Under 18: Parent or Guardian)