



1 Action Blvd Unit 4 Londonderry, NH 03053  
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[office@nhadance.com](mailto:office@nhadance.com)

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: \_\_\_\_\_