



REGISTRATION FORM

Please complete both sides. One form per student
Copy this or print additional forms from, www.astoriamusic.com

Astoria Conservatory Dance Program

REGISTRATION OPTIONS

Register online: www.astoriamusic.com

Register in person: 770 11th Street Astoria, Oregon

Mail to:

Astoria Conservatory of Music P. O. Box 81, Astoria, OR 97103

Student Name (*Last, First, MI*): _____

Birth Date: _____ Age: _____ Gender: _____

School (*if applicable*): _____ Grade: _____

Class: _____ Tuition: _____

Circle which applies: New Student • Returning Student

If student has siblings who are or were Astoria Conservatory students, please list.

Name(s): _____

Primary individual responsible for student

(*if under the age of 18*): _____ Relationship to Student: _____

Physical Address: _____ Home Phone: _____

Mailing Address (*if different*): _____ Work Phone: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

Home email: _____ Work email: _____

Employer: _____ Title: _____

Other Parent/Guardian (*if applicable*): _____

Relationship to Student: _____

Physical Address: _____ Home Phone: _____

Mailing Address (*if different*): _____ Work Phone: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

Home email: _____ Work email: _____

Employer: _____ Title: _____

Emergency Contact

Name (*Last, First, MI*): _____

Relationship to student: _____ Phone: _____

Elisabeth Nelson
Executive Director

503•325•3237

lisa@astoriamusic.com
www.astoriamusic.com

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P.O. Box 81 • Astoria, OR 97103

Disclaimer: ACDance reserves the right to change the program content, schedules, and provision of programs. Tuition and fees are non-refundable for any reason unless there is a class cancellation and no make up classes are available.

Student/Parent/Guardian Agreement and Permission:

1. I have read and agree to accept the terms and conditions outlined in the enrollment, attendance, cancellation and payment policies.
2. I agree to pay tuition in a timely manner and any financial penalties accrued by my child (*if applicable*) or myself due to property damage.
3. I agree to make ACDance aware of any medical conditions, medications, or special medical concerns or needs of the registrant.
4. I give permission to any ACDance representative to seek emergency medical attention for my child (*if applicable*) or myself.
5. In the event of a medical emergency, I will be responsible for any and all medical expenses.

Signature of Responsible Parent/Guardian or Adult Student

The signer understands and agrees to the registration and financial policies as stated on this form and accepts complete responsibility for all charges and fees that may be incurred.

Signature: _____ Date: _____

• **ACDance Class** • **Tuition: \$**_____ **per student**
Total Tuition Enclosed \$ _____

Make checks payable to the Astoria Conservatory of Music.

The **Astoria Conservatory** is committed to reaching a diverse community of dance enthusiasts. Although this section is optional, this information will help us determine whom we are reaching.

Please take a moment to complete the following:

Are any members of your family musicians? _____ Instrument? _____

Number of adults in household? _____ Number of children in household? _____

How did you hear of us (*circle one*)?

Brochure • Yellow Pages • Radio • Friend • Teacher • Newsletter • Music Store • Website • Other: _____

To subscribe to upcoming Conservatory information and the ACDance newsletter (*circle one*)? Yes • No

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