

Student Registration Form

To ensure your place in classes you may register on-site,
by mail with payment and this form, or on-line @ www.happendance.org.

OPTIONAL ON-SITE REGISTRATION FOR ALL STUDENTS

TUESDAY, AUGUST 23rd 3:30 PM TO 7:30 PM

CLASSES BEGIN TUESDAY, SEPTEMBER 6, 2011

If you need further information, call Happendance School: **333-3528**.

PARENT NAME: _____ DATE: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ EMAIL: _____

PREFERRED PHONE: _____ PHONE #2 _____

#1 STUDENT NAME: _____

DATE OF BIRTH : _____

CLASS TITLE: _____ FEE: _____

CLASS TITLE: _____ FEE: _____

Total Class Fees: \$ _____

#2 STUDENT NAME: _____

DATE OF BIRTH : _____

CLASS TITLE: _____ FEE: _____

CLASS TITLE: _____ FEE: _____

Total Class Fees: \$ _____

NOTE: If multiple students in the same family,
deduct 10% from student(s) with LOWER fee total(s): \$ _____ -10%

Annual Registration fee @ \$15 per student: \$ _____

TOTAL: \$ _____

Make check payable to: **Happendance, 3448 Hagadorn, Okemos, MI 48864**