REGISTRATION FORM  
ECDC 2018 FALL SEMESTER DANCE CLASS

Child's Name_____________________________________________________

Child's Age______________________________________________________

Child's ECDC Enrollment Schedule____________________________________

Child's Activity Room______________________________________________

ECDC-SMC______________ ECDC-ND______________

Parent’s E-Mail Address ________________________________

Has your child previously participated in Dance/Creative Movement classes at ECDC?____________

If so, for how long?________________________________________________

Has your child participated in other Dance/Creative movement classes elsewhere?______________

If so, for how long?________________________________________________

I give my permission for my child to participate in Dance/Movement classes at ECDC during the 2018 Spring Semester.

_________________________________________________________ $________________

Parent Signature Date Amount Enclosed

Please return completed registration form and tuition on or before Friday, August 31st. Class sizes will
be limited; registration will be first come, first served. Please make your Dance/Creative movement tuition
check of $60 payable to **Bonnie Baxter** and bring it to the ECDC office. Thank You.