



The JMDC registration package must be completed and sent directly to our email jmdancecenter@gmail.com or turned in to your school office.

Contact Information

Child's Name, Date of Birth, Sex (M/F), Parent's/Guardian's Name, Parent Pick Up or Afterschool Program, Home/Cell Phone, Work Phone, Address, City, ST ZIP Code, Email, Daycare/School Name

Medical Information

Allergies/Special Health Considerations

JMDC will give students an onstage experience and opportunity to learn theater aspects of performing. To celebrate their accomplishments, a JMDC performance will be scheduled during the month of May. This performance requires an additional fee for costumes and auditorium tickets.

I, _____, release JMDC, including their individuals, instructors, staff, agents and directors, from liability in case of an accident during activities related to JMDC, as long as the necessary safety procedures have been taken. I also acknowledge that pictures and/or videos of my child(ren) may be taken during classes for promotional purposes to support the center.

I, _____, by signing this document acknowledge and satisfactorily accept that all monthly payments for classes must be made from the 1st to the 5th day of each month. I am fully aware that all late payments, after the 5th day of each month, will be charged a late fee of \$25.00.

SIGNATURE _____

DATE _____