

Student Registration Form

person paying for lessons

DATE

Student's Name

Student's cell

Male or Female

Address

Age

City

State

Zip

Birth Date

Home Phone

Email address

Student's School

Grade

Mother or Guardian

Mom's Cell Phone

Father or Guardian

Dad's cell Phone

Employer

Work Phone

Employer

Work Phone

Nearest Relative

Years of Previous Dance Training

Relative's Address & Phone

Previous Dance School if pertinent

Class Choice

<u>Class Type</u>	<u>Age</u>	<u>Day</u>	<u>Time</u>
Ballet			
Tap			
Jazz			
Acrobat			
Hula			
Parent & Kid Jazz			

Circle Payment Method

Full Pmt

Quarter Pmt

Monthly Pmt

List any allergies or medical conditions we should be made aware of:

(_____
(_____
(_____
(_____
(_____