

REGISTRATION FOR YEAR 20__ - 20__



Student Name _____

Age _____ Date of Birth _____

Address _____ City _____ Zip _____

Home Phone Number _____

Primary Email Address _____

Mother/Guardian _____ Phone Number _____

Father/Guardian _____ Phone Number _____

Emergency Contact _____ Phone Number _____

School and grade _____

Any Allergies or Health Issues we should know about? _____

How many years of previous dance training? _____

Studio Use:

Registration fee paid _____ Date _____

Data Entered into Computer ____/____/____

Classes student is registered for (Day/Time/ Level)

