



Registration for 2017-2018 Dance Season

STUDENT Information:

Last Name: _____		First Name: _____	
Address: _____			
City: _____		Zip Code: _____	
Home phone: _____		Date of Birth: _____	Age: _____
Student E-Mail: _____		Student Cell: _____	
Please list any health or physical restrictions (please include allergies): _____ _____			
New Students Only			
Previous Experience: _____ (Please list studio, type of dance and how many years)			
Reason for leaving previous studio: _____			

PARENT/LEGAL GUARDIAN Information:

Name: _____		Name: _____	
Work Phone: _____		Work Phone: _____	
Cell Phone: _____		Cell Phone: _____	
E-Mail: _____		E-Mail: _____	
Emergency Contact if the above are not available:			
Name: _____		Phone: _____	
Relationship to student: _____			
Person responsible for billing: _____			
Address & Phone if not the same as students: _____ _____			