



2020 – 2021 REGISTRATION FORM

Student's Name: (Last, First, MI)					
Address: (Street)					
Address: (City, State, Zip)					
Telephone: (Home)				(Cell)	
D/O/B	Age	Grade	School	Email:	
Years of Dance Completed		Previous Dance School Attended:			
Mother's Name:			Phone: (Home/Cell)		
Father's Name:			Phone: (Home/Cell)		
If divorced please notify us of any special arrangements:					
Please list any day of the week, that you <u>CAN NOT</u> attend class. We will do our best to accommodate.					

Guardian's Signature: _____ **Date** _____

How did you hear about us (Please list only one referral name)? _____

For Office Use Only

- Tap/Ballet (Ages 2-6)
- Tap/Jazz (Ages 7 & up)
- Hip Hop (Ages 4 & up)
- Lyrical (Ages 4 & up)
- Ballet (Ages 7 & up)
- Modern/Contemp (Ages 10 & up)
- Mommy & Me
- Stretch/Jumps/Turns (Ages 7 & up)

Reg. Fee:	_____	
Tuition:	_____	
Extra Classes:	_____/_____/_____/_____/_____	
Total:	_____	
Paid:	CASH	CHECK
_____		Check # _____