

THE DANCE CONNECTION

2016 – 2017 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)
- Lyrical/Contemp (Ages 4 & up)
- Ballet (Ages 7 & up)
- Pointe (teacher discretion)
- Modern (Ages 10 & up)
- Hip Hop (Ages 4 & up)
- Mommy & Me
- Stretch/Jumps/Turns
- Tumbling

Reg. Fee:	_____
Tuition:	_____
Extra Classes:	_____/_____/_____/_____/_____
Total:	_____
Paid:	<div style="display: flex; justify-content: space-between;"> CASH CHECK </div> <div style="display: flex; justify-content: flex-end; margin-top: 5px;"> Check # _____ </div>