

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

Class Type	Age	Day	Time
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:

(_____
 (_____
 (_____
 (_____
 (_____