



2019-2020 Registration Form

Registration Fee: \$40 (Individual) \$60 (Family)

Date: _____

Student Information

Student Name _____

Age: _____ Birth date _____ School _____ Grade _____

Address _____

City _____ State _____ Zip Code _____

Medical Info/Health Concerns (Allergies, any special information needed for daily class, etc.)

Parent/Guardian Information:

Parent/Guardian Name _____

Home Phone (_____) _____ Cell (_____) _____ Work (_____) _____

Email _____

Parent/Guardian Name _____

Home Phone (_____) _____ Cell (_____) _____ Work (_____) _____

Email _____

Emergency Contacts

Name: _____ Number: _____ Relationship: _____

Name: _____ Number: _____ Relationship: _____

Is there any other information you would like to me to know about the student?

Previous Dance Experience:

First Year: _____ or Years of dance experience: _____

Please circle classes interested in taking: (Classes divided by age, then by skill level)

Ballet	Lyrical	Jazz
Tap	Liturgical(Worship)	Tumbling
Combo(Ballet/tap)	Shining Stars(Special Needs)	Technique/Conditioning
Pom	Combo(Lyrical, jazz, tap)	

What class day/time preferred? _____

Earliest time? _____

Total Tuition/Fees

Registration Fee: _____

Tuition: _____

Discounts: _____

Total Monthly Tuition _____

How did you hear about us: _____

Policy Acceptance (please initial)

___ I/we understand the risks related to dance ___ I/we give media use rights permission

Name: _____

Date: _____

Office Use Only:

Reg. Fee _____ Paid: Cash CC Check: _____