

STUDENT REGISTRATION FORM

Last Name: _____ **First Name:** _____

Age _____ DOB _____ Student Cell #: _____

E-Mail Address: _____

Street Address: _____

City: _____ State: _____ Zip Code _____

Guardian Name: _____ Cell# _____

E-Mail Address: _____

Emergency Contact: _____

Emergency Phone #: _____

School: _____ Grade: _____

Medical Problems: _____

Approved Riders List: _____

Years Of Dance: _____ Studio Name: _____

Classes Registration

Ballet Level: _____ Day: _____ Time: _____

Hip Hop: _____ Day: _____ Time: _____

Modern Level: _____ Day: _____ Time: _____

Jazz/Musical Theater: _____ Day: _____ Time: _____

Tap Level: _____ Day: _____ Time: _____

Dance Team: _____ Day: _____ Time: _____

Monthly Class Fee _____

***Signature page required**