

# 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: \_\_\_\_\_

Jazz Level: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Modern Level: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Theater Jazz: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Theater Jazz/Tap: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Tap Level: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Dance Class Fee \_\_\_\_\_

Transportation Fee \_\_\_\_\_

Monthly Fee = \_\_\_\_\_

**\*Signature page required**