

NEW FALL REGISTRATION FORM

NAME (last) _____ (first) _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ EMAIL _____

BIRTHDAY ___/___/___ AGE (Sept 09) _____ SCHOOL _____ GRADE _____ (Sept 09)

HOME PHONE # _____ CELL: Mother _____ Father _____

MOTHER _____ WORK PH. _____

FATHER _____ WORK PH. _____

PLEASE CHECK CLASS (ES) OF INTEREST:

BALLET (ages 5 & Up) _____ TAP (ages 5 & Up) _____ JAZZ (ages 6 & up) _____ YOGA (14 & up) _____

LYRICAL (ages 10 & Up) _____ MODERN (ages 10 & Up) _____ ZUMBA (14 & Up) _____

CREATIVE DANCE & RHYTHM I (age 3) _____ CREATIVE DANCE & RHYTHM II (age 4) _____

IRISH STEP (8 & Up) _____ AFRICAN(12 & up) _____ KINDERMUSIK (newborn to 3) _____

HIP HOP (8 & Up) _____ BALLROOM (Teen – Adult) _____

PLEASE LIST ANY PREVIOUS DANCE EXPERIENCE:

HOW DID YOU HEAR ABOUT US: _____ WEBSITE

_____ NEWSPAPER

_____ MAILER

_____ REFERRAL – Name person who referred the studio _____

_____ PERFORMANCE – Where? _____

OFFICE USE ONLY:

Security Deposit \$ _____ Cash _____ Check # _____ Date paid _____ Initials _____

Registration Fee \$ _____ Cash _____ Check # _____ Date paid _____ Initials _____

Changes to Registration Book _____ Initials _____

Hi-light in Registration Book _____ Initials _____

Fee card: _____ Computer _____