

REGISTRATION FORM

Student Name _____ Age _____

B/D _____

Student Name _____ Age _____

B/D _____

E-Mail Address _____

Mother's Name _____ Hm.

Phone _____

Father's Name _____ Hm.

Phone _____

Cell phone (M) _____ (F) _____

Work Number

(M/F) _____

Address _____

City _____ Zip _____

Referred By _____

INTERESTED IN...

Ballet ___ Jazz ___ Tap ___ Hip Hop ___ Vocal ___

Performing Group ___ Musical Theater ___ Lyrical ___

PREVIOUS TRAINING...

GOALS...

Fun ___ Self-Confidence ___ Talent ___ Perform ___ Teach ___

Professional _____

other _____

PRIORITY INTEREST (in relationship to other activities) ...

Primary _____ Secondary _____ Fun Only _____

CLASSES _____ REGISTRATION FEE(S) _____

_____ 1ST MONTH TUITION _____

_____ TOTAL _____

Parent Signature _____ Date

_____/_____/_____