



# 2017 SUMMER CLASSES

## REGISTRATION FORM

Tuesday, July 11 – Thursday, August 3

### Student Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

### Parent Information

**Mothers Name:** \_\_\_\_\_

Hm Phone: \_\_\_\_\_ ( ) \_\_\_\_\_ Cell Phone: \_\_\_\_\_ ( ) \_\_\_\_\_

EMAIL: \_\_\_\_\_

**Fathers Name:** \_\_\_\_\_

Hm Phone: \_\_\_\_\_ ( ) \_\_\_\_\_ Cell Phone: \_\_\_\_\_ ( ) \_\_\_\_\_

EMAIL: \_\_\_\_\_

### Emergency Information

Contact Name: \_\_\_\_\_ Relationship to the Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_

### Special Information

Please list any medical or behavior conditions the studio should be aware. \_\_\_\_\_

### PLEASE REGISTER MY CHILD FOR THE FOLLOWING CLASSES

CLASS	DAY	TIME	INSTRUCTOR	STUDIO	HOURS	Office Use

<u>OFFICE USE ONLY</u>
TOTAL HRS PER WK: _____
TOTAL: _____
CHECK: _____

TOTAL HOURS \_\_\_\_\_

### **CAN'T FIND A CLASS THAT FITS YOUR SCHEDULE OR AGE?**

Ask us! The Class Schedule is subject to change so give us your feedback. Provide us with:

- DESIRED CLASS
- AGE OF DANCER
- DAY/TIME

EMAIL US AT: [info@dancynstudio.com](mailto:info@dancynstudio.com)