STUDENT REGISTRATION FORM

Date of Registration (input): _____

Student Information

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

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____

Parent Information

Mother's Name: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Father's Name: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Other Contact (in case of Emergency)

Name: _____ Relationship to the Child: _____ Phone: _____

Special Information

Please list any special conditions or allergies the studio should be aware. _____

_____

What school district are you in: _____

PLEASE REGISTER MY CHILD FOR THE FOLLOWING CLASSES

CLASS	DAY	TIME	INSTRUCTOR	STUDIO	HOURS	Office Use
			TOTAL HOURS			

Can't Find a Class that Fits Your Schedule or Age?

Ask us! The Class Schedule is subject to change so please ask.

EMAIL US AT:
info@dancynstudio.com

OFFICE USE ONLY

TOTAL HRS PER WK: _____

YEARLY REG: $60.00/$95

TOTAL: _____

CHECK: _____

ACH Form/Voided: _____

VOIDED CK: _____

POLICY FORM: _____