



STUDENT REGISTRATION FORM

2024-2025 Session

August-June

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: \$50.00/\$75.00 _____
 TOTAL: _____
 CHECK: _____
 ACH Form/Voided: _____
 VOIDED CK: _____
 POLICY FORM: _____