



## 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](mailto:info@dancynstudio.com)

#### OFFICE USE ONLY

TOTAL HRS PER WK: \_\_\_\_\_

YEARLY REG: \$50.00

TOTAL: \_\_\_\_\_

CHECK: \_\_\_\_\_

ACH Form/Voided: \_\_\_\_\_

VOIDED CK: \_\_\_\_\_

POLICY FORM: \_\_\_\_\_