



New Student Registration Form

Student Information

Student's Name: _____ Date of Birth (MM/DD/YYYY): _____

Mailing Address: _____

Primary Phone: _____ Phone (2): _____

Name of Person responsible for paying fees: _____

Primary Email Address: _____

Legal Release and Policy Acceptance (please initial)

I/we understand the Studio Policies

I/we understand the risks related to dance

I/we understand the dress code

I/we understand the schedule

I/we give media use rights permission

I/we understand the attendance policy

Signature / Responsible Party

Date

Classes

Class Name	Meeting Date(s) / Time

Registration Fee: _____

Total Monthly Tuition _____

Medical

Allergies: _____

Will your child require any special medical attention during a normal class: (yes/no) _____

If yes – Explain: _____

[] – Recorded [] Paid in full [] On hold Processed by: _____ Special Notes: _____



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