

Summer
 Fall/Spring
 Year: _____



Dancer's Name: _____ Age: _____ Gender: _____

Date of Birth: ____/____/____ Parent/Guardian Name: _____

Parent phone #: (____) ____ - ____ Student Phone # (If app): (____) ____ - ____

Address: _____

E-mail: _____@_____.com

Years of dance experience: _____ Style(s): _____

Emergency Contact: _____ Phone: (____) ____ - ____

Medical Conditions/Special Needs: _____

Classes

Day	Time	Class

What would you like your default monthly contribution to be? You may change this at any point throughout the year. Please refer to our suggested tuition scale chart.

\$ _____