

DANCEARTS STUDIO, INC.

REGISTRATION FORM

Student's Name _____ Gender _____ Age _____

Home Address _____ Date of Birth _____

City _____ Zip _____ Home Phone _____

School & Grade _____ Family E-mail _____

Mother's Name _____ Father's Name _____

Mobile # _____ Work # _____ Mobile # _____ Work # _____

Place of Employment _____ Place of Employment _____

Medical, Physical or Mental complications or limitations? no yes
Explain _____

Have you had formal Dance training before? no yes Where? _____ How long? _____

How did you hear about DanceArts? _____

Person/address responsible for account (if different from above)



CLASS INFORMATION

CLASS(ES) _____

DAY(S)/TIME(S) _____ TOTAL CLASS HOURS _____



PAYMENT INFORMATION

ANNUAL REGISTRATION FEE.....Single \$ _____ or Family \$ _____

TUITION\$ _____

FAMILY DISCOUNT(if any).....\$ _____

DANCEWEAR.....\$ _____

TOTAL.....\$ _____

**Tuition is due by the first of the month. Please pay by check, if possible.*