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FALL/SPRING Student Registration Form**Student Information**

Student's Name: _____ DOB (MM/DD/YYYY): _____
Mailing Address: _____
Primary Phone: _____ Phone (2): _____
Name of Person responsible for paying fees: _____
Billing Email Address: _____
Billing Phone # _____

Legal Release and Policy Acceptance (please initial)

___ I/we understand the Studio Policies obligations
___ I/we understand the risks related to dance
___ I/we understand my responsibilities for my property
___ I/we give media use rights permission policy
___ I/we understand my billing obligations
___ I/we understand the schedule
___ I/we understand the dress code
___ I/we understand the attendance

Signature / Responsible Party_____
Date**Classes**

Class Name	Meeting Date(s) / Time	Fees / Minutes

Registration Fee: _____ \$40 _____ Monthly Tuition: _____

Total Owed: _____**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: _____

Please list approved adults to drive child or explain any custody issues:

☐ Recorded ☐ Paid in full ☐ On hold Processed by: _____ Special Notes: _____