

# STUDENT REGISTRATION FORM



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STUDENT REGISTRATION FORM				
<b>Student Info</b>	Provide Student info below.			
	Name		Date of Birth	
	Address			
	City	State	Zip	
	Previous Experience			
	Health/Medical Restrictions			
<b>Parent/Guardian Info (Primary Billing)</b>	Parent or Guardian who is primary point of contact and Billing contact and address if different than Student.			
	Name		Relationship to Student	
	Address			
	City	State	Zip	
	Phone	Home	Work	Cell
	Email	Home	Work	
	Other Info			
<b>Parent/Guardian Info (2nd Point of Contact)</b>	Parent/Guardian second point of contact and address if different than above.			
	Name		Relationship to Student	
	Address			
	City	State	Zip	
	Phone	Home	Work	Cell
	Email	Home	Work	
	Other Info			
CLASS NAME		DAY	TIME	MONTHLY TUITION
TOTAL MONTHLY TUITION				
REGISTRATION FEE (ONE-TIME, NON-REFUNDABLE - \$25/FAMILY)				
DANCEWEAR				
<b>TOTAL</b>				