



Registration Form

Child's Name _____

Date of Birth _____ / _____ / _____ Age _____

Child's Name _____

Date of Birth _____ / _____ / _____ Age _____

Child's Name _____

Date of Birth _____ / _____ / _____ Age _____

Parents or Guardians _____

Address _____

Primary Number to Reach You () _____ - _____ Home/Work/Cell

Secondary Number to Reach You () _____ - _____ Home/Work/Cell

Email Address _____

Emergency Contact Person _____

Phone () _____ - _____

Any medical history that would affect the child's involvement in class _____

Prior dance experience _____

Including this year, how many years have you danced at Studio D? _____

I have read, understand and agree to the policies of Studio D.

Parent or Guardian Signature

Date _____ / _____ / _____

FOR OFFICE USE ONLY!



Tuition and Fees

Name: _____

Registration:

\$ _____ # _____

Monthly Fee: _____

Number of Years
Dancing at Studio D: _____

First Semester

September
\$ _____ # _____
October
\$ _____ # _____
November
\$ _____ # _____
December
\$ _____ # _____
January
\$ _____ # _____

Second Semester

February
\$ _____ # _____
March
\$ _____ # _____
April
\$ _____ # _____
May
\$ _____ # _____
June
\$ _____ # _____

Costume Deposit 1
\$ _____ # _____

Costume Deposit 2
\$ _____ # _____

Performance Fee
\$ _____ # _____

Tickets
_____ () \$ _____ # _____

Late Fees:

