



# Registration Form

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_

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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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_