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.

_____ Date _____ / _____ /_____

Parent or Guardian Signature

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:

_____ _____

_____ _____