

STUDIO ENROLLMENT FORM

Name: _____ Age _____ DOB _____

Address: _____ Town: _____

Zip Code: _____ Tel#: _____ Cell: _____

Email Address: _____

How did you hear about our School? _____

Any handicaps or disabilities we should know about? _____

List immediate family members attending our school _____

Parents Names: _____

Classes Interested in (Please Check)

Tots ___ Preschool ___ Combo ___ Tap ___ Jazz ___ Ballet ___ Pointe ___ Lyrical ___

Hiphop ___ Acrobatics ___ Dance Co. ___ Unlimited Program ___ Other _____

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I have read the studio brochure and I agree with the and understand all studio policies and regulations

Signature: _____

Driver's License # _____

Social Security # _____

I grant permission to publish my child/children(s) pictures on our Studio

Website Yes _____ No _____

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Office Use Only

Date of Registration: _____

Tuition Monthly/Bi-annual/Annual _____

Received Today: _____ Registered By: _____

Class Schedule