

Registration



Student name _____

Age as of October _____ Date of Birth _____

Address _____ City _____ Zip _____

Mailing Address (if different) _____ City _____ Zip _____

Student phone _____ Work _____ Cell _____

Mother/Guardian _____ Phone (h) _____

Work _____ Cell _____

Father/Guradian _____ Phone (h) _____

Work _____ Cell _____

E-mail Address _____

Emergency Contact _____ Phone _____
(Other than parent)

School and grade as of this October _____

Health concerns I should know about _____

Previous dance training _____

How did you learn about *A Time to Dance*? _____

Classes I would like to take _____

Office use only

\$15 Registration fee _____

Fee per month _____

Payments

Date	Amount	CK/CS	Date	Amount	CK/CS
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____