



Class: _____ Roster: _____ Class Sheet: _____

Dance Registration 2010- 2011

Student's Name: _____

Address: _____

City

State

Zip Code

Home Phone: _____

Birthday: _____

Age: _____

Grade Fall '10: _____ School Attending: _____

Classes interested in taking? BALLET TAP JAZZ HIP HOP ACRO

FAMILY INFORMATION:

Mother's Name or Guardian: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Father's Name: _____ Cell Phone: _____

Email Address: _____

What is the best way to contact you with information? _____

Does your child have any medical/physical conditions or limitations? YES NO
If yes, please explain:

How did you hear about us? FRIEND? _____

PHONEBOOK

NEWSPAPER

FLYER

PERFORMANCE

May we share your phone number with other dance parents? YES NO