

THE DANCE GALLERY
*** STUDENT REGISTRATION FORM ***

Student's Name: _____ Female Male

Birthdate - Day: _____ Month: _____ Year: _____ Age: _____ as of Sept 12/11

Parents/Guardians: _____

Home Address: _____

Postal Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone 1: _____ Cell Phone 2: _____

Emergency Contact - Name: _____ Phone: _____

If your child has any allergies or medical conditions that our staff should be aware of, please note here:

FEES: - Registering parent or guardian is responsible for the collection and remittance of ALL class fees, costume deposits & balances, entry fees and/or rehearsal fees.

Signature of registering parent: _____ Date: _____

If a third party or another parent/guardian is responsible for any portion of class fees, costume fees, or competition/performance related costs, please list detailed contact information here:

Name: _____

Address: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

PLEASE NOTE: Copies of all studio notices and classroom correspondence will be sent via email to ensure parents receive all important information. Please list a current, valid email address (please list additional addresses for co-parenting):

❖ Email Address ONE: _____

❖ Email Address TWO: _____

