

# Dance Arts Studio Registration Form

Student's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Wk. Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Wk. Phone: \_\_\_\_\_

Any Health Problems? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Class Level: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_  
Day: \_\_\_\_\_ Time: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_