

# REGISTRATION FORM

Separate Registration form required for each Student

Registration Fee: \$35



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

Student's Age: \_\_\_\_\_ Current School Grade: \_\_\_\_\_

## Please mark areas of interest:

Ballet-Beginner: <input type="checkbox"/>	Ballet-Intermediate: <input type="checkbox"/>	Ballet-Advanced: <input type="checkbox"/>
Hip Hop-Beginner: <input type="checkbox"/>	Hip Hop-Advanced: <input type="checkbox"/>	Country Line Dancing: <input type="checkbox"/>
Jazz: <input type="checkbox"/>	Tap-Advanced: <input type="checkbox"/>	Musical Theater: <input type="checkbox"/>
Wellness-Yoga: <input type="checkbox"/>	Wellness-Pilates: <input type="checkbox"/>	Wellness-Cardio Drumming: <input type="checkbox"/>
Art-Instruction: <input type="checkbox"/>	Art-Painting: <input type="checkbox"/>	Art-Special Events: <input type="checkbox"/>
Music-Lessons: <input type="checkbox"/>	Birthday Party: <input type="checkbox"/>	Other (please email us): <input type="checkbox"/>

## Please list any previous Experience - Years and Where:

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## Parents/Guardians Responsible for Student:

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone/Cell: \_\_\_\_\_

Email: reminders/closings: \_\_\_\_\_

## Billing Information:

Name of person responsible for Billing/Class Payment: \_\_\_\_\_

Email: (Billing/Invoice): \_\_\_\_\_

Billing Contact Number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Registration Fee: \$35 (waived if Annual lessons paid in full by 9/15/24)