DANCE4LIFE

REGISTRATION FORM (PLEASE PRINT CLEARLY)

Student's Name_____ Age_____ D.O.B_____

Parent's Name_____

Address_____City_____ State_____ Zip_____

Daytime Phone (_____)_____ Evening Phone(_____)_____

Cell Phone(_____)_____ Email_____

Emergency Contact_____ Phone(_____)_____

Any health, medical, or physical conditions? If yes, please explain
_____

Have you had previous dance training? If yes, Studio, form of dance and years.
_____

How did you hear about DANCE4LIFE? _____

Class(es) you wish to register for:

_____Ballet ____Jazz _____Modern _____Acrobatics ____Hip Hop ___Contortion _____Tap

 ____Adult Ballet ___Adult Jazz ____Adult Modern ___Adult Tap

DO NOT WRITE BELOW THIS LINE

COVID TESTING (date)_____ (result)_____

Total Tuition $_____

Monthly Payment Plan_____ 2 Payment Plan_____ Full Payment (-)10%_____

Total Costume $ _____

Level_____

Day/Time of
Class_____