

Student Registration/Information Form

School Year: _____

Level: (circle one) Creative (3yrs-6yrs) 7-12 YRS TEEN ADULT COMPANY

Name		
Address:		
City:	State:	Zip:
E-Mail:		
E-Mail (2):		

Age:	Date of Birth:
Phone (H):	
Phone (C):	Phone (C) (2):
Allergies:	

CLASS CHOICES (please list below)

Class Name	Ballet	Tap	Jazz	Hip Hop	Modern	Other/Creative
Class Day/Time (first choice) 1						
(second choice) 2						
3						
4						