

THE DANCE COMPANY

2017-2018 Registration Form

Dancer: _____ dob: _____
Sibling: _____ dob: _____
Sibling: _____ dob: _____

Mother: _____ Father: _____
(please include last name if different from child's)

Home Address: _____

Mom _____ Dad _____ Home _____ Work _____

Email Address: _____

Person in Charge of Account _____ phone _____
Email address (if different from above) _____

Child's School _____ Grade _____

Total years of dance completed _____ Previous Studio _____

EMERGENCY CONTACT _____ PHONE _____

ALLERGIES _____

Referred by _____

OFFICE USE ONLY

Registration Date _____ Payment Details _____

Class Details:

