



# STUDENT REGISTRATION FORM

## 2019–2020 Season

Classes Begin Wednesday, September 4<sup>th</sup> 2019

### Student Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

### Parent Information

**Mother's Name:** \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
**Father's Name:** \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

### Other Contact (in case of Emergency)

Name: \_\_\_\_\_ Relationship to the Child: \_\_\_\_\_ Phone: \_\_\_\_\_

### Special Information

Please list any special conditions or allergies the studio should be aware. \_\_\_\_\_  
 \_\_\_\_\_  
 What school district are you in: \_\_\_\_\_

### PLEASE REGISTER MY CHILD FOR THE FOLLOWING CLASSES

CLASS	DAY	TIME	INSTRUCTOR	STUDIO	HOURS	Office Use
<b>TOTAL HOURS</b>						

**Can't Find a Class that Fits  
Your Schedule or Age?**

Ask us! The Class Schedule is  
subject to change so please ask.

EMAIL US AT:  
[info@dancynstudio.com](mailto:info@dancynstudio.com)

**OFFICE USE ONLY**

TOTAL HRS PER WK: \_\_\_\_\_  
 YEARLY REG: \$50.00 or \$70.00 \_\_\_\_\_  
 TOTAL: \_\_\_\_\_  
 CHECK: \_\_\_\_\_  
 ACH Form/Voided: \_\_\_\_\_  
 VOIDED CK: \_\_\_\_\_  
 POLICY FORM: \_\_\_\_\_