

GOTTA DANCE



REGISTRATION FORM

STUDENT INFORMATION

Full Name	Date of Birth	Age Today
Street	City	Zip Code
House Phone	Student Email (if applicable)	
School Attending	Current Grade in School	

PARENT/GUARDIAN INFORMATION

Name of Parent/Guardian #1 AND <u>PRIMARY POINT OF CONTACT</u>	Name of Parent/Guardian #2
Relationship to student	Relationship to student
Cell Phone #	Cell Phone #
Email Address (PRINT CLEARLY)	Email Address (PRINT CLEARLY)

BILLING INFO (IF PAYER OR ADDRESS DIFFERENT THAN INFO LISTED ABOVE)

Full Name of Payer	Main Phone # of Payer
Full Billing Address	

EMERGENCY CONTACTS AND MEDICAL NEEDS

The following person should be contacted in case of emergency, only if parent or guardian cannot be reached:

Emergency Name	Relationship to student
Cell Phone #	Work Phone #

IS THE CHILD TAKING ANY MEDICATIONS? _____ If yes, what kind and why: _____
If medication needs to be administered during class, please discuss this with the staff in advance.

HAS THE CHILD HAD ANY OF THE FOLLOWING, AND IF SO, PLEASE EXPLAIN:

Special needs _____	Allergies or Asthma _____
Dietary restriction/s _____	Chronic or recurring illnesses _____
Operations or serious injuries(include dates) _____	
Status of child's vision, hearing, and speech _____	
Any additional information about your child that would be helpful to our staff: _____	

Student Name _____

Date Registered _____

Registration Fee \$ _____

Tuition \$ _____

Total \$ _____

Paid Cash

Paid Check # _____

STORE			
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
Total \$ _____		Paid Cash <input type="checkbox"/> Paid Check # _____	

SCHEDULE

CLASS _____ DAY _____ TIME _____

CLASS _____ DAY _____ TIME _____

CLASS _____ DAY _____ TIME _____

CLASS _____ DAY _____ TIME _____

CLASS _____ DAY _____ TIME _____

CLASS _____ DAY _____ TIME _____

CLASS _____ DAY _____ TIME _____

CLASS _____ DAY _____ TIME _____