

REGISTRATION FORM

Student's Name (Please Print)

Age: _____ **Birth Date:** _____

Address

Phone #

Phone #

Parental and or Guardian Name (Print)

Signature

Has student had previous lessons? If so, where, in what areas and how many years?

Please enroll student in the following Class/Classes

_____ **Tumbling, Pre-Ballet (ages 2 ½ to 3)**

_____ **Combination Class (ages 4 -6)**

Specialty Class/Classes (ages 7 and up)

_____ **Ballet** _____ **Jazz** _____ **Tap**

_____ **Pointe** _____ **Baton** _____ **Acrobatics**

If there are any medical conditions, special needs or medication student presently has or needs, please indicate below:
