REGISTRATION FORM – DANCE AARTS ACADEMY

CHILDREN'S INFORMATION:

CHILD 1 NAME_____

AGE_____ BIRTHDAY_____

TECHNIQUE CLASS CHOICES: (Please list class level and day of the week)

_____ _____ _____

_____ _____ _____

CHILD 2 NAME_____

AGE_____ BIRTHDAY_____

TECHNIQUE CLASS CHOICES: (Please list class level and day of the week)

_____ _____ _____

_____ _____ _____

CHILD 3 NAME_____

AGE_____ BIRTHDAY_____

TECHNIQUE CLASS CHOICES: (Please list class level and day of the week)

_____ _____ _____

_____ _____ _____

PARENTS INFORMATION:

PARENT NAME_____

HOME TELEPHONE_____ CELL_____

MAILING ADDRESS STREET_____ PO BOX_____

CITY_____ POSTAL CODE_____

EMAIL ADDRESS_____ (Please print clearly)