

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)