



Student:

Name: _____ Date of Birth ____/____/____
 School/District: _____ Grade: _____ 09-10 Age: _____
 Pertinent Medical Information: _____
 If new to The Studio, please list previous dance experience: _____

Primary Contact:

Name: _____ Relationship: _____
 Address: _____ City: _____ Zip: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
 E-mail Address: _____
 I will be responsible for payment of tuition. Other (please print name): _____

The Policies of The Studio school of dance, inc. are on the reverse side of this page.
Please take the time to read them before enrolling your child and initial where indicated.
I have read The Studio school of dance, inc. policies and agree to abide by them.

Signature: _____ **Date:** ____/____/____

Parents/Guardians: Please provide all information for all parents/guardians if not the same as the Primary Contact listed above.

Name: _____	Name: _____
Address: _____	Address: _____
City, ST, Zip: _____	City, ST, Zip: _____
Cell/Work Phone: _____	Cell/Work Phone: _____
E-mail: _____	E-mail: _____
If unable to reach parents/guardians, person to notify in case of emergency: _____	
Relationship: _____	Phone: _____

For Our Records: Please tell us how you found out about The Studio

- ___ Yellow Pages
- ___ Online Yellow Pages
- ___ Studio website
- ___ Drive By
- ___ Old Settlers Parade
- ___ Returning Student

Referred by: _____

Classes Requested	Day	Time	<i>This Column For Office Use Only</i>