



REGISTRATION FORM

Please PRINT, fill out completely, and mail to the address above.

1

**Child or Teen Only:*

Today's Date: / /

Birth Date: _____

Please check one:

Adult Teen* Child*

Parent / Guardian: _____ Phone: _____

Parent / Guardian: _____ Phone: _____

2 Personal Information

Name Last: _____ First: _____

Address Street: _____ City: _____ State: _____ Zip: _____

Phone Daytime: _____ Evening: _____ Cell: _____

Email _____

3 Emergency Contact

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____ Relation: _____ Phone: _____

4 Medical Information

Do you have any medical/physical conditions or limitations?

Please check one:

No Yes*

**If Yes, Please Explain...*

5 Previous Dance Experience

Discipline: _____ Number of Years Studied: _____ School: _____

Discipline: _____ Number of Years Studied: _____ School: _____

Discipline: _____ Number of Years Studied: _____ School: _____

6 Enrollment

Session: Fall (SEP-DEC) Spring (APR-JUN) Teen Intensive (3 weeks in JUN-JUL)

Winter (JAN-MAR) Summer (JUN-AUG) Master Class

Class Title: _____ Level: _____ Day & Time: _____

Class Title: _____ Level: _____ Day & Time: _____

Class Title: _____ Level: _____ Day & Time: _____

Financial aid & scholarships available. For more information, contact Director, Mellissa Wells at: 617-277-1139

For office use only	Total Tuition:	Payment Received:	Check #:	Date Entered:	Student #:
---------------------	----------------	-------------------	----------	---------------	------------