

# REGISTRATION FORM

PLEASE FILL OUT COMPLETELY:

Today's Date \_\_\_\_\_

New Student       Returning Student       Any Address/Data Changes

STUDENT'S NAME \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

MAILING ADDRESS

STREET \_\_\_\_\_ TOWN \_\_\_\_\_ ZIP \_\_\_\_\_

HOME

PHONE \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

EMAIL \_\_\_\_\_

PARENTS or Guardians NAMES \_\_\_\_\_

EMERGENCY MEDICAL RELEASE & POLICY AGREEMENT FORM signed and returned

1.CLASS \_\_\_\_\_ DAY \_\_\_\_\_ TIME \_\_\_\_\_ LENGTH \_\_\_\_\_

2.CLASS \_\_\_\_\_ DAY \_\_\_\_\_ TIME \_\_\_\_\_ LENGTH \_\_\_\_\_

3.CLASS \_\_\_\_\_ DAY \_\_\_\_\_ TIME \_\_\_\_\_ LENGTH \_\_\_\_\_

4.CLASS \_\_\_\_\_ DAY \_\_\_\_\_ TIME \_\_\_\_\_ LENGTH \_\_\_\_\_

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DATE	DESCRIPTION	CHARGES	PAYMENT	BALANCE

**How did you hear about Dance Dimensions?**

- Newspaper advertisement: which? \_\_\_\_\_
- Newspaper article
- Posted flier
- Flier at home
- Mailing received
- Word of mouth
- Referral; Who? \_\_\_\_\_

**THANK YOU FOR TAKING PART IN DANCE DIMENSIONS CLASSES.  
SO WE CAN BETTER SERVICE YOU, PLEASE BE SURE TO FAMILIARIZE  
YOURSELF WITH OUR POLICIES.  
WE WELCOME YOUR COMMENTS AND SUGGESTIONS;  
SPEAK TO SALLEE OR YOUR INSTRUCTOR AT ANY CONVENIENT TIME.**