

STUDIO 49

Student Registration

Student Name: _____ D.O.B _____

Address: _____

City: _____ State: _____

Zip: _____ Home Phone: _____

Cell: _____ Work: _____

Email: _____

School/Business: _____

Emergency Contact: _____ Phone: _____

Mother Name: _____

Home Phone: _____ Cell: _____ Work: _____

Email: _____

Father Name: _____

Home Phone: _____ Cell: _____ Work: _____

Email: _____

Family Doctor: _____ Phone: _____

OFFICE USE ONLY

Date of Enrollment: _____ Rate: _____

Acro: _____ Tap: _____ Jazz: _____ Hip-Hop: _____

Combination Class: _____ Ballet: _____

Lyrical: _____ Contemporary: _____

