

Student Registration

Student Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Birthdate \_\_\_\_\_ Age this Sept. \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Please check preferences below:

**1 HOUR SUBJECTS**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Ballet                           | <input type="checkbox"/> Pre-Pointe        | <input type="checkbox"/> Pilates ( <i>Adults Only</i> ) |
| <input type="checkbox"/> Ballet/ Jazz                     | <input type="checkbox"/> Tap               | <input type="checkbox"/> Voice                          |
| <input type="checkbox"/> Boys Tap/ Tumbling               | <input type="checkbox"/> Tumbling          |   |
| <input type="checkbox"/> Children's Ballet/ Tap/ Tumbling | <input type="checkbox"/> Adult Ballet/Jazz |   |
| <input type="checkbox"/> Hip Hop ( <i>Ages 7 and Up</i> ) | <input type="checkbox"/> Adult Tap         |   |
| <input type="checkbox"/> Jazz                             |  |   |
| <input type="checkbox"/> Pointe                           |  |   |

**1 1/2 HOUR SUBJECTS**

- Tap/Ballet/Jazz
- Tap/ Jazz/ Ballet/ Tumbling
- Tap/ Jazz



Experience \_\_\_\_\_ year Prior Studio \_\_\_\_\_ Prior teacher \_\_\_\_\_

What day(s) will NOT work? \_\_\_\_\_ Preference \_\_\_\_\_

Notes: \_\_\_\_\_

**Medical Information:**

Please list any student difficulties (asthma, seizures, ADD...)

List any regular medications: \_\_\_\_\_