



STUDENT REGISTRATION FORM

(Please Print Clearly)

STUDENT'S NAME _____

ADDRESS _____

CITY, ZIP CODE _____

CELL PHONE NO. _____ CELL PHONE CARRIER (ex. AT&T) _____

E MAIL ADDRESS _____

AGE IN SEPTEMBER _____ BIRTH DATE _____

GRADE _____ SCHOOL _____

REGISTERING FOR THE FOLLOWING CLASSES:

TAP/BALLET COMBO _____

GYMNASTICS _____

PRE-SCHOOL _____

MOM & TOT _____

JAZZ _____

HIP HOP _____

LYRICAL/MODERN _____

PRE-POINTE _____

BALLET ONLY _____

POINTE _____

ADULT _____

PBT STRENGTH CLASS _____

LIST DAYS THAT YOU CANNOT ATTEND CLASS _____

WHAT IS THE EARLIEST TIME YOU CAN ATTEND AN AFTERNOON CLASS? _____

LIST ANY PHYSICAL LIMITATIONS OR MEDICAL PROBLEMS (EX. Asthma, Epilepsy, etc.) _____

HARMLESS CLAUSE: I hereby release the faculty, staff and owner of the Debby Dillehay Dance Studio from any and all claims for injuries which may be sustained while participating in classes or any activity associated with the studio, such as recitals, competitions, performances, etc.

PHOTO RELEASE: The school is hereby granted permission to take photographs of the students to use in brochures, web sites, and advertising/promotional materials.

PRINT MOTHER'S FULL NAME _____

PRINT FATHER'S FULL NAME _____

PARENT or ADULT STUDENT SIGNATURE* _____

**This should be party responsible for tuition, picking up costumes, tickets, etc.)*

LIST ANY OTHER RESPONSIBLE PARTY: _____

NEW STUDENTS ONLY

LIST PREVIOUS DANCE TRAINING _____

How did you hear about us? (Please circle)

RECOMMENDED BY STUDENT-NAME _____

KIDS & FAMILY MAGAZINE LOCATION INTERNET NOLA FAMILY WEBSITE WORD OF MOUTH

OFFICE USE ONLY:

PAID \$ _____ CHECK NO. _____ DATE _____ TUITION \$ _____ NOTE: _____